Items 5,6,7 FilmG155 6/24/53 whw

05759

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fowblesburg; LENGTH OF STAY (in this place) 24 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fowblesburg; STREET ADDRESS (If rural, give location) Rural - Upperco P.O. Md.

3. NAME OF DECEASED (Type or Print): (First) Russell (Middle) Earl (Last) Abbott

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 11-1900

9. AGE last birthday: 52 yrs. If under 1 year: Months 8, Days 6; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Mowing for County

11. BIRTHPLACE (State or foreign country): Carroll Co - Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edgar Theodore Abbott

14. MOTHER'S MAIDEN NAME: Nora Catherine Bowersox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-32-5666

17. INFORMANT AND ADDRESS: wife - Bernice Abbott - Upperco, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure - (Sudden)	Sudden
241X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	5 yrs
	(c) Chronic Cardiac Asthma and Intoxication 2da	5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1953, to June 17, 1953, that I last saw the deceased alive on June 13-1953, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Cyril E. Fowble M.D. Upperco, Md. June 17-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 21/53	Grace Meth.	Balto Co Md

DATE REC'D BY LOCAL REG. 6-18-53 | REGISTRAR'S SIGNATURE Mary B. Eline | 24. FUNERAL DIRECTOR ADDRESS Edw C Tipton, Hampstead Md

RECEIVED
JUN 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05760

Reg. Dist. No. 44

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTO; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JONES CREEK (19); LENGTH OF STAY (in this place) 1 YR.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7405 BAY FRONT RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY BALTO; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JONES CREEK (19); STREET ADDRESS (If rural, give location) 7405 BAY FRONT RD

3. NAME OF DECEASED (Type or Print): (First) PETER (Middle) PAUL (Last) ADAMSKI, SR

4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 6-29-1898

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STEEL CONSTR.

10b. KIND OF BUSINESS OR INDUSTRY: STRUCTURAL

11. BIRTHPLACE (State or foreign country): CHICAGO, ILL.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHASMIER ADAMSKI.

14. MOTHER'S MAIDEN NAME: KATHERINE PETEROSKI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 306-10-4902

17. INFORMANT AND ADDRESS: CARRIE E. ADAMSKI - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Larynx — Interval Between Onset and Death: ? 1 year.

K61X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to June 29, 1953, that I last saw the deceased alive on June 24, 1953, and that death occurred at 2 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. Winslow M. D. 510 Dst. St. 6-30-53

23. BURIAL, CREMATION / REMOVAL (Specify) BURIAL — DATE THEREOF 7-4-53 — NAME OF CEMETERY OR CREMATORY Forestville — LOCATION (City, town, or county) (State) Forestville, Maryland

DATE RECD BY LOCAL REG. July 3-53 — REGISTRAR'S SIGNATURE Dawson R. Harbin

24. FUNERAL DIRECTOR — ADDRESS Wells Brothers Funeral Home, Mitchellville, Md.

RECEIVED
JUL 6 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05761

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A16

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Church Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) # 4 Church Lane

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) Newton (Last) Allen

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-19-1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Butler Bros.

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert James Allen

14. MOTHER'S MAIDEN NAME: Virginia Emma Gerbrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk'n) (If Yes, give war or dates of service) Yes ✓ World War I

16. SOCIAL SECURITY NO.: 216-03-7606

17. INFORMANT & ADDRESS: Edmond Wright Allen. 4 Church Lane

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary Occlusion	1 hr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Sclerosis	2-3 yrs
	DUE TO (c) Art. Sclerosis	2-3 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension	10 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3rd, 1953, to June 3rd, 1953, that I last saw the deceased alive on June 3rd, 1953, and that death occurred at 9.45 AM, from the causes and on the date stated above. In attendance - 1 hour.

SIGNATURE (Degree or title) O.K. by Rollin C. Hudson M.D. — James A. Miller M.D. — ADDRESS D.M.E. Pikesville-8, Md — DATE SIGNED 6/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-6-53 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/6/53 — REGISTRAR'S SIGNATURE Helen M. Merr

24. FUNERAL DIRECTOR Frank H. Purdum — ADDRESS Pikesville Md

COPY SENT TO LOCAL REGISTRAR NO. _____ DATE _____

RECEIVED
JUN 8 1953
BUREAU V. S.

115762

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

VS. 45 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Presbyterian Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21201
STREET ADDRESS (If rural, give location) 3504 W. Belvedere Ave.

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) WAKE (Last) ANDERSON
4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 11, 1858
9. AGE last birthday: 95 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John C. Wake
14. MOTHER'S MAIDEN NAME: Mary E. Scarff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. T. E. Elliott Supt. Presbyterian Home Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-renal-vascular disease — Unknown
442X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile changes with cachexia — Unknown
(c) Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to June 22 1953, that I last saw the deceased alive on June 20, 1953, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rollin C. Hudson M.D. — ADDRESS Towson Md — DATE SIGNED 6/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 23, 1953 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/24/53 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR John O. Modesitt Sons Inc — ADDRESS 1900 Eutaw Place

55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05763

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A1E

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) MARYLAND 8 yrs. 6 mos. 13 dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23 00-01
STREET ADDRESS (If rural give location) 1104 W. Lombard St.

3. NAME OF DECEASED: (Type or Print) (First) Kenneth (Middle) (Last) Armacost

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Feb. 17, 1897

9. AGE Last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: lithographing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Armacost

14. MOTHER'S MAIDEN NAME: Margaret Rautson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 216-00-1861

17. INFORMANT'S ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cardiac Failure — Interval Between Onset And Death: 8 da.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive cardiovascular disease — yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to June 13, 1953, that I last saw the deceased alive on June 13, 1953, and that death occurred at 1:10 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis Frances Woodward M.D. Spring Grove State Hosp., Catonsville 28, Md. 6-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6/16/53

NAME OF CEMETERY OR CREMATORY Druid Hosp.

LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR 6/15/53

REGISTRAR'S SIGNATURE V E. Harry

24. FUNERAL DIRECTOR J J Foley Sons ADDRESS 1318 Light St

2

RECEIVED
JUN 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05764

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe | LENGTH OF STAY (In this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4418 Maple Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS 4418 Maple Ave (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) U. S. (Last) Baker
4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 1872
9. AGE last birthday: 81 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R.
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Joseph Baker
14. MOTHER'S MAIDEN NAME: Elizabeth Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY No.
17. INFORMANT: Mother's Baker, Halethorpe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

425.4 Immediate cause (a) Myocardial Insuf. — 1 month.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis — 1 yr.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to June 26, 1953, that I last saw the deceased alive on June 25, 1953, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Shipley, M.D. ADDRESS Savage, Md. DATE SIGNED 6/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 30/53 | NAME OF CEMETERY OR CREMATORY Mt Carmel Cem | LOCATION (City, town, or county) Balto City (State)

DATE REC'D BY LOCAL REG. 6/29/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Edward Fordham Balto Md | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05765

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Towson
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 613 Sussex Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 613 Sussex Road

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) Dorothy (Last) Barr

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 17, 1904

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Tuttle

14. MOTHER'S MAIDEN NAME: Jennie Hensler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: David J. Barr - 613 Sussex Rd. Towson 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 174X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Primary Carcinoma of Uterus: Metastatic To Vulva
DUE TO (c) Liver Lung

Interval Between Onset And Death: (a) 6 yrs. (b) 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19 51, to June 29 19 53, that I last saw the deceased alive on June 29, 1953, and that death occurred at 5th PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles F. Dowell MD ADDRESS 7501 York Rd DATE SIGNED 6/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 2, 1953 NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR July 2, 1953 REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. ADDRESS

VS. A15

RECEIVED
JUL 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05766

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne
MARYLAND — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3111 Hammonds Ferry Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne
STREET ADDRESS (If rural give location): 3111 Hammonds Ferry Rd.

3. NAME OF DECEASED (Type or Print): (First) MELVIN (Middle) E. (Last) BEALL

4. DATE OF DEATH: (Month) June (Day) 28, (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 22, 1878

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months: Days — IF UNDER 24 HRS.: Hours: Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Beall

14. MOTHER'S MAIDEN NAME: Rachel --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lansdowne 27, Md. — Mrs. Olive E. Parker-3111 Hammonds Ferry Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Occlusion — 1-2 mos ±

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Left complete hemiplegia - Rt cerebral thrombosis — 1 yr ±
DUE TO (c) Generalized Arteriosclerosis — 5-10 yr ±

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19, to 6-28-53, 19, that I last saw the deceased alive on 6-25-53, 19, and that death occurred at 6-28-53 at 4:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D. — ADDRESS: 642 W. Lex. St. — DATE SIGNED: 6-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/1/53 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 6/29/53 — REGISTRAR'S SIGNATURE: A.W. Hedrich

24. FUNERAL DIRECTOR: Wm. J. Pickener & Sons — ADDRESS: Balto 17, Md.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05767

Reg. Dist. No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 90 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): Kensett 1513 Kensett St.

3. NAME OF DECEASED: (Type or Print) (First) NATHAN (Middle) S (Last) BEALL

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/21/89

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William T. Beall

14. MOTHER'S MAIDEN NAME: Flora Niemeyer

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp. Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) CARCINOMA OF STOMACH

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/1/53

19b. MAJOR FINDINGS OF OPERATION: Excision tip of left lobe of liver Esophagogastrotomy with esophagogastrostomy. Splenectomy.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar.28, 1953, to June 26, 19 53, that I last saw deceased alive on [illegible], and that death occurred at 7:30 P.M. from the causes and on the date stated above.

SIGNATURE (Professional Title): Allyn F. Judd
ALLYN F. JUDD, M.D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 6/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-30-53

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/29/53

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Howard Blight Funeral Home, 6009 Harford Rd. Baltimore, Md.

ADDRESS: Howard J. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05768

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
LENGTH OF STAY (in this place): 7 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 1620 Dartford Road

3. NAME OF DECEASED: (Type or Print) (First) Jacqueline (Middle) - (Last) Beard

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1-21-53

9. AGE last birthday: 19 yrs. — IF UNDER 1 YEAR: Months 5, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Norman Edgington Beard

14. MOTHER'S MAIDEN NAME: Jean Kathleen Cegan Beard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Institution records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

411X

Immediate cause (a) Bilateral broncho-pneumonia — Interval between onset and death: 36 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Mongolism — from birth

DUE TO

(c) General low vitality — from birth

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15, 1953, to 6-9, 1953, that I last saw the deceased alive on 6-9, 1953, and that death occurred at 2:55 A.m., from the causes and on the date stated above.

SIGNATURE: Victor B. Johns — (DEGREE OR TITLE) M.D. — ADDRESS: Rosewood, Owings Mills, Md. — DATE SIGNED: 6-9-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 10, 1953 — NAME OF CEMETERY OR CREMATORY: Rosewood Cemetery — LOCATION (City, town, or county) (State): Owings Mills, Md.

DATE REC'D BY LOCAL REG. 6-10-53 — REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR — ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

20134 : 5395

RECEIVED
JUN 12 1953
BUREAU V. S.

4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 820 Sulphur Spring Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural give location) 820 Sulphur Spring Rd.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Rudolph (Last) Beckmann

4. DATE OF DEATH: (Month) June (Day) 26, (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
Male	White	Married	April 6, 1892	60 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Foreman, Construction Co.
10b. KIND OF BUSINESS OR INDUSTRY: Gas & Electric Co.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rudolph Beckmann
14. MOTHER'S MAIDEN NAME: Augusta Zielke

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212 05 4777
17. INFORMANT & ADDRESS: Mrs. Barbara Beckmann 820 Sulphur Sp. Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Occlusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio Vascular dis 2
DUE TO
(c)

Interval Between Onset And Death: ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Occlusion — 2 yrs

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19 52, to June 26 19 53, that I last saw the deceased alive on June 26, 19 53 and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE Earl Pass, M.D. (Degree or title)
ADDRESS 4001 Wilkens Ave
DATE SIGNED 6-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/30/53
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR 6/30/53
REGISTRAR'S SIGNATURE R.W. Hedrick Dpty R.
24. FUNERAL DIRECTOR Harry A. Wintsfeldt
ADDRESS 4101 Edmondson Ave.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (5770)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Balt. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 519 C St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt.
STREET ADDRESS (If rural give location) 519 C St.

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) HENRY (Last) BEYERLE BYERLE

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 22, 1886

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Electrical Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Steel Mfg.

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wellington G. Beyerle

14. MOTHER'S MAIDEN NAME: Anna Hein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: 519 C. St. Mrs. Mary Beyerle same Sparrows Pt.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Acute Coronary Insufficiency — Interval Between Onset And Death: 20 mins.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Cerebral Hemorrhage c Res. Paralysis — 2 yrs.
(c) Arteriosclerosis C. V. Disease — 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to June 5, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE James T. Means, M.D. (Degree or title) ADDRESS 520 Dorsey Bldg. DATE SIGNED 6/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 6/8/53

NAME OF CEMETERY OR CREMATORY Reformed Cem.

LOCATION (City, town, or county) Orwigsburg, Pa. (State)

BY LOCAL REGISTRAR June 6-53

REGISTRAR'S SIGNATURE Dawson L. Harber

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons

ADDRESS Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05771

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY BALTO. MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CATONSVILLE

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 N. BEECHWOOD AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY BALTO.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE

STREET ADDRESS (If rural, give location) 3 N. BEECH WOOD AVE.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day)	(Year)
AUBREY	HENRY	BLACKLOCK	6 - 21	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	MARCH 26, 1875	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
RET. SALESMAN	RUBBER CO.	MD.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
ALLEN BLACKLOCK	JANE CHAMBERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	Mrs. A.H. Blacklock - 3 N. Beechwood ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
450.0 Immediate cause	(a) Diabetes Mellitus	6 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last 260.0	(b) DUE TO Arteriosclerosis and Chronic infection 10 yrs
	(c) DUE TO of bladder.	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.		—

22. I hereby certify that I attended the deceased from June 3 19 36, to June 21 19 53, that I last saw the deceased alive on June 20, 19 53 and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Robert B. Taylor	Elkton City Md	June 21-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-23-53	Greenmount Cem.	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/23/53	V.E. Harry	George A. Farley	Catonsville Md.

VS-A15

5

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JUN 2[illegible] 03
UREAU V[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Baltimore — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - Baltimore
STREET ADDRESS (If rural give location) Box 376-B, Mohrs Lane

3. NAME OF DECEASED (Type or Print): (First) ANDREW (Middle) FRANCIS (Last) BOEMMEL
4. DATE OF DEATH (Month) 6 (Day) 29 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct. 7, 1917
9. AGE last birthday: 35 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman - Auto
10b. KIND OF BUSINESS OR INDUSTRY: Garage
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Boemmel
14. MOTHER'S MAIDEN NAME: Louisa Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-03-406
17. INFORMANT: ~~1831 N. Patterson Pk. Ave.~~ Mr. Andrew Boemmel

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8/12 X

Immediate cause (a) Compound Fracture of Skull — Interval between Onset and Death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Compound Fracture both legs
(c) above Ankles

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40 — (CITY OR TOWN) Balto — (COUNTY) Balto — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 6-29-53 9:00 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Ran in front of Automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W M Downs M.D. — (Degree or title) Dep. Med. Exa. — ADDRESS Dundalk Md. — DATE SIGNED 6/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/2/53 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 7-1-53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR AND ADDRESS: HENRY SANDER & SONS, INC. BALTO., 13, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
OR TOWN ESSEX (in this place)
OR STREET ADDRESS 200 RIVERSIDE DRIVE

2. USUAL RESIDENCE: STATE MD COUNTY BALTIMORE
If outside limits, write RURAL and give nearest town
TOWN ESSEX
STREET ADDRESS 200 RIVERSIDE DRIVE

DECEASED: CHARLES (First) BRANOT (Middle) (Last)

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. CONDITION: MARRIED
6. DATE OF BIRTH: 12/14/67
7. AGE: 85 (Last birthday) 6 13 53
8. TRADE, PROFESSION OR PARTICULAR KIND OF WORK: RETIRED CARPENTER
9. BIRTHPLACE (City or County): BALTIMORE MD
10. CITIZEN OF WHAT COUNTRY?
11. NAME OF FATHER: BRANDT
12. MOTHER'S MAIDEN NAME: LIZZIE BORTNER
13. EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no, or unknown
14. SOCIAL SECURITY NO.
15. INFORMANT AND ADDRESS: MARGARET KIMMERLIE 1021 S. BOULDIN ST

16. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Gangrene of the right lower leg and left foot

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio-sclerotic peripheral vascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

17a. DATE OF OPERATION | 17b. MAJOR FINDINGS OF OPERATION | 18. AUTOPSY? Yes ☐ No ☐

19. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

20. I hereby certify that I attended the deceased from Nov. ., 1952 to June 3, 1953, that I last saw the deceased alive on June 4, 1953, and that death occurred at 10 25A m., from the causes and on the date stated above.

SIGNATURE Joseph Mueck (Degree or title) MD ADDRESS 423 Eastern ave Balto. 21 Md DATE SIGNED 6/15/53

21. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 6/16/53 | NAME OF CEMETERY OR CREMATORY OAK LAWN | LOCATION (City, town, or county) (State) BALTIMORE CO. MD

DATE REC'D BY LOCAL REG. 6/15/53 | REGISTRAR'S SIGNATURE [illegible] | 22. FUNERAL DIRECTOR ADDRESS Solomon F. Hoffman 1639 BROADWAY

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item or state age is especially important. Physicians: please write the

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

74

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

ONLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... specially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown
LENGTH OF STAY (in this place): 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY: B
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown
STREET ADDRESS (If rural, give location): Wilbur Ave

3. NAME OF DECEASED (Type or Print): (First) August (Middle) Gustave (Last) Brown
4. DATE OF DEATH: (Month) June (Day) 1, (Year) 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Aug. 26, 1893	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard
10b. KIND OF BUSINESS OR INDUSTRY: Rever e Brass
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Henry D. Brown
14. MOTHER'S MAIDEN NAME: Anna Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.: 214-03-3857
17. INFORMANT AND ADDRESS: Margaret Joan Brown Wilbur Ave. Randallstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Jos M. Kieffer MD (Degree or title) Hospital ADDRESS: Mon Balto Co 1010 Reeds ave DATE SIGNED: June 3 53

23. DISPOSITION (Burial, Cremation, Removal, etc.)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-5-53	Baltimore National	Baltimore Md.

DATE RECD BY LOCAL REG. 6/5/53 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Edsworth Armacost ADDRESS: 4600 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1273)

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRANITE
LENGTH OF STAY (in this place) 40 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS OLD COURT RD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GRANITE
STREET ADDRESS (If rural give location) OLD COURT RD

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) MATHEW (Last) BROWN

4. DATE OF DEATH: (Month) JUNE (Day) 8 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: UNKNOWN

9. AGE Last birthday: 75 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: QUARRY WORK

10b. KIND OF BUSINESS OR INDUSTRY: STONE QUARRY

11. BIRTHPLACE (State or foreign country): ST MARY'S COUNTY - MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 214-16-8983

17. INFORMANT & ADDRESS: MRS REGINA SMALLWOOD - GRANITE - MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ESOPHAGEAL VARICES — SEVERE

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) HEMORRHAGE
DUE TO (c) CONGESTIVE HEART FAILURE

Interval Between Onset And Death: 6 MONTHS / 2 YEARS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: X — 19b. MAJOR FINDINGS OF OPERATION: X — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) X — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X — (CITY OR TOWN) X — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) X m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from JUNE 1, 19 53, to JUNE 8, 19 53, that I last saw the deceased alive on JUNE 8, 19 53, and that death occurred at 1 P.M. from the causes and on the date stated above.

SIGNATURE Thomas E. Miller (Degree or title) MD — ADDRESS Randallstown Md — DATE SIGNED 6-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-11-53 — NAME OF CEMETERY OR CREMATORY St Alphonsus — LOCATION (City, town, or county) Woodstock — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/9/53 — REGISTRAR'S SIGNATURE Wm E. Martin

24. FUNERAL DIRECTOR Wm J Haight - Sykesville Md. — ADDRESS Luther A. Haight

VS. A15

RECEIVED
JUN 10 1953
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05776

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Halethorpe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1818 Winans Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 1818 Winans Ave

3. NAME OF DECEASED: (First) Augustus (Middle) Ward (Last) Bryan

4. DATE OF DEATH: (Month) June (Day) 1st (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov 27th 1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: B & O R.R.

11. BIRTHPLACE (State or foreign country): Rockingham Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Enos Bryan

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Gomyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 718-18-7976

17. INFORMANT & ADDRESS: Thelma Barry 1818 Winans Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443x

Immediate cause (a) Cerebro Vascular Accident

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive A.S.C.V.D.

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1953, to 6/1, 1953, that I last saw the deceased alive on 6/1, 1953, and that death occurred at 2 05 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED 6/4/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 6/4/53

NAME OF CEMETERY OR CREMATORY: Memorial Park

LOCATION (City, town, or county) (State): Falls Church, Va.

DATE REC'D BY LOCAL REG. 6/5/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm Cook Inc.

ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

DR. WALTER S. NIBLETT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Villa Nova — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Katherine Robb Nursing Home, Essex Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY none
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 3412 Duvall Avenue

3. NAME OF DECEASED (Type or Print): (First) ALBERTA (Middle) H. (Last) BUMP
4. DATE OF DEATH: (Month) June (Day) 10, (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Single	12 - 8 - 79	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Jesse E. Bump
14. MOTHER'S MAIDEN NAME: Mary F. Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Lambert A. Strawbridge, 1[illegible] Fernhill Ave. Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Virus Pneumonia	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular disease	4 yrs.
	(c) Arterio-Sclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to May 10, 1953, that I last saw the deceased alive on May 10, 1953, and that death occurred at 5.15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter S. Niblett — ADDRESS 2220 Garrison Boulevard, Balto., Md. — DATE SIGNED 6 - 12 - 53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6 - 13 - 53	Greenmount	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
June 13 1953	R.W.	John J. Mitchell & Sons, Inc.-1900 Eutaw Place — M B Mitchell

VS. A1

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sweet Air; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sweet Air Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sweet Air; STREET ADDRESS (If rural, give location) Sweet Air Rd

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) M (Last) Burk

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov 4 1872

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: John Conrad Burk

14. MOTHER'S MAIDEN NAME: Lynde Hartman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss Emma Burk Sweet Air Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

47 X

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 2 Mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease 15 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 1938, to June 23, 1953, that I last saw the deceased alive on June 18, 1953, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford F. Hudson, M.D. Fork 6/24/53 Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6 | 26 | 53

NAME OF CEMETERY OR CREMATORY: St John Luth Cem

LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG. 6-25-53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Lassahn Funeral Home ADDRESS 740 Belair Rd

RECEIVED
'UL 7 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and full especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): Louis Motel, 700 E. Baltimore Street

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) A. (Last) CALLAN

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-18-79

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James M. Callan

14. MOTHER'S MAIDEN NAME: Mary Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ✓ Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 9 X

Immediate cause (a) SENILITY; SMALL INFECTED SQUAMOUS CELL CARCINOMA — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO RIGHT SIDE OF NECK
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-30-52

19b. MAJOR FINDINGS OF OPERATION: Tracheostomy - Excision of tumor of right side of neck with skin graft

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1953, to June 30, 1953 and that death occurred at 2:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 7-1-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 7, 1953

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7/3/53

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Howard Blight Funeral Home

ADDRESS: 6009 Harford Road, Baltimore 14, Maryland

Mildred T. Blight

05780

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Timber Grove Road

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) B. (Last) Barrick
4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: Oct. 3 1872
9. AGE last birthday: 80 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Superintendent
10b. KIND OF BUSINESS OR INDUSTRY: B.T. Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Zachary M. Barrick
14. MOTHER'S MAIDEN NAME: Virginia Carter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-05-9647
17. INFORMANT AND ADDRESS: Mrs Edward Barrick Owings Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4222 **Immediate cause** (a) Pulmonary Edema — 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Myocarditis — Oct 7/1952

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 7, 1952, to June 15, 1953, that I last saw the deceased alive on June 15, 1953, and that death occurred at 7:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Maxwell Sugerman | Timber Grove Road Owings Mills Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE June 17 53 | NAME OF CEMETERY OR CREMATORY Druid Ridge | LOCATION (City, town, or county) Pikesville | (State) Md.

DATE REC'D BY LOCAL REG. 6/16/53 | REGISTRAR'S SIGNATURE Mrs Hall

24. FUNERAL DIRECTOR Forrest Myers | ADDRESS 5005 Park Heights Ave.

ITEMS 1, 3, 8, 9, 13, 14: film 0155 7-3-53 LL

05781

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville

LENGTH OF STAY (in this place) 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS COLLEGE HOME Pembroke Rooms

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton

STREET ADDRESS (If rural, give location) Ruxton Road

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Wallace (Last) Fyfe Chatterley

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov 8 1859

9. AGE last birthday: 1953 − 1859 = 93 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN Fyfe

14. MOTHER'S MAIDEN NAME: MARGARET Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. Douglas W. Chatterley (son) Towson 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Myocardial infarction	—
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (904.0)	(b) Senescence	—
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture r. rib

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on June, 19 53, and that death occurred at 6:10 a.m., from the causes and on the date stated above.

SIGNATURE Ernest C Brown Jr. (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June-9-1953	Druid Ridge Cemetery	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/8/53	a w Hedrick	Stewart & Mowen Co.	108 W. North Ave. City #1.

VS. A15

Items 8,9: film G155 6-23-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05782

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville ~~Baltimore~~ — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 2906 Onyx R oad

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Baltimore~~ Parkville — STREET ADDRESS (If rural give location) 2906 Onyx Road

3. NAME OF DECEASED: (First) (Jennie) (Middle) Sarah Jane (Last) Coale

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 28, 1877

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months ... Days ... — IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: A lbert Bradford

14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Milton M. C oale, 2906 Onyx Road #14

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Arteriosclerotic C. V. Disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ..., 1951, to June 12, 1953, that I last saw the deceased alive on 6/6, 1953, and that death occurred at 7.45 P.m., from the causes and on the date stated above.

SIGNATURE Nathan Janney — (Degree or title) M. D. — ADDRESS 7101 Harford Rd. — DATE SIGNED 6/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 16, 1953 — NAME OF CEMETERY OR CREMATORY Moreland Mem. Park — LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR ... — REGISTRAR'S SIGNATURE ... — 24. FUNERAL DIRECTOR Leonard J. Rick — ADDRESS Leonard J. Rick, 5905 Harford Road # 14

VS. 15 T

Dr. JANNY

1-2-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5783

CERTIFICATE OF DEATH

BC Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 123 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 308 N. Schroeder Street

3. NAME OF DECEASED: (Type or Print) (First) HERMAN (Middle) L. (Last) COLE

4. DATE OF DEATH: (Month) June (Day) 1, (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Married	3/15/92	61 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Porter	Unknown	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: WILLIAM H. COLE

14. MOTHER'S MAIDEN NAME: EMMA DORSEY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WW I	212-14-0746	Clin. Rec., Vet.Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) CARCINOMA OF BLADDER — Interval Between Onset And Death: Unk.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3/30/53	Right cutaneous ureterostomy	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 29, 1953, to June 1, 1953, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

SIGNATURE: Philip W. Penney, M.D. (Degree or title) — ADDRESS: Acting Chief, Surgical Service, VAH, Fort Howard, Md. — DATE SIGNED: 6/2/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/5/53	National Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/1/53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: Arlington S. Phillips, 1808 N. Monroe St. Baltimore 17, Md.

VS. A

84

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgemere
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sycamore Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: —
STREET ADDRESS (If rural, give location): 228 Mallow Court

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SAMUEL	LEE	COLEMAN	June	8	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	Oct 12 1930	22 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Alabama	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Coleman	Katie Mae

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
	214-26-3832	Katie Mae Coleman 228 Mallow Ct.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Stab wound of the neck	
982 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
	Tavern	Sycamore Avenue, Baltimore County, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
June 8, 1953 m.		Stabbed during altercation

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection _, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. H. Fisher MD		700 Fleet Street, Baltimore 2, Md.	6/8/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 12 1953	Mt. Calvary Cemetery	B.A. County Md.

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 11 '53	[illegible]	Mrs Robert A. Elliott & Daughter	1129 St Caroline Street

VS-415A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0.785

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY BALTIMORE — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN RURAL - ROCKDALE

LENGTH OF STAY (in this place) 28 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 8219 LIBERTY Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY BALTO.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Rockdale

STREET ADDRESS (If rural give location) 8219 LIBERTY Rd.

3. NAME OF DECEASED: (Type or Print) (First) WILMER (Middle) EAGAN (Last) CONNOLLY

4. DATE OF DEATH: (Month) 5 (Day) 20 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 9/13/94

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) General Contr. CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: CARPENTER

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cornelius CONNOLLY

14. MOTHER'S MAIDEN NAME: Eliza Doyle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.: 215-03-7857

17. INFORMANT & ADDRESS: Wife - ELMA CONNOLLY 8219 Liberty Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.2 Immediate cause (a) ... Monocytic Leukemia DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO

(c)

Interval Between Onset And Death: 4 MONTHS.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1952, to June 20, 1953, that I last saw the deceased alive on June 20, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE Edwin J Ruskowski (Degree or title) M.D. ADDRESS 8204 LIBERTY Rd, BALTO 7, Md. DATE SIGNED 6/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 23, 1953 — NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery — LOCATION (City, town, or county) Woodlawn, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 6/22/53 — REGISTRAR'S SIGNATURE A. W Hedrick — FUNERAL DIRECTOR J. Willis Amoreau — ADDRESS 4510 Liberty Heights Ave.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus; LENGTH OF STAY (In this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4749 Westland Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus; STREET ADDRESS (If rural, give location) 4749 Westland Blvd

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Catherine (Last) Conrath

4. DATE OF DEATH: (Month) June (Day) 10, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 30 1863

9. AGE last birthday: 90 yrs.

If under 1 year: Months; Days

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penn

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Philipp Smyers.

14. MOTHER'S MAIDEN NAME: Nancey Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Virginia Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) arteriosclerotic colitis. — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension vascular disease — 4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatectomy — 4 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1953, to June 9, 1953, that I last saw the deceased alive on 6/10, 1953, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Virginia Miller MD — ADDRESS: 2038 Wilkens ave Baltimore Md — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 13, 1953 — NAME OF CEMETERY OR CREMATORY: I.O.O.F. Bernside — LOCATION (City, town, or county) (State): Bernside Pa.

DATE REC'D BY LOCAL REG.: 6/10/53 — REGISTRAR'S SIGNATURE: A W Sedwick — 24. FUNERAL DIRECTOR: Joseph T. Lombardi Jr. — ADDRESS: 1325 Sulphur Spring Rd.

JT

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]787

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk Grove 22 Md
STREET ADDRESS (If rural, give location) 161 Old Harbor Point

3. NAME OF DECEASED: (Type or Print) (First) Birdie (Middle) (Last) Cooper
4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 19 1859
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): W Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Singleton
14. MOTHER'S MAIDEN NAME: Jane Sparis

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Archie Cooper 161 Old Harbor Pt

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Cardiac failure	2 mo
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arterio-sclerotic cardio-	unknown
	(c) DUE TO vascular disease	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ..., 1952, to June 19, 1953, that I last saw the deceased alive on May 15, 1953, and that death occurred at 12.35 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Joseph Mech MD ADDRESS 423 Eastern Ave Baltimore 21 Md. DATE SIGNED 6/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF June 21/53
NAME OF CEMETERY OR CREMATORY Walkersville Wake Walkersville Va
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR June 20 1953
REGISTRAR'S SIGNATURE William M. Kelly
24. FUNERAL DIRECTOR Wilson Funeral Home
ADDRESS 2112 Dundalk

VS. A15

RECEIVED
JUN 23 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 388

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (In this place) 1 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 406 RR. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 406 R.R. Ave.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Cromwell

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 26, 1870

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Johnson

14. MOTHER'S MAIDEN NAME: Ida ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Harrison Zinckley 406 Railroad Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Heart disease, vascular: coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Sudden (b) Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Collins L. Hudson (Degree or title) M.D. D.M.E. ADDRESS: Towson Md. DATE SIGNED: 6/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-2-53 — NAME OF CEMETERY OR CREMATORY: Mt. Zion Cem — LOCATION (City, town, or county) (State): Longgreen, Md.

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Mrs. Frances A. Hensley — ADDRESS: 575 W. Biddle

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
00-01
STREET ADDRESS (If rural, give location): 3600 Haywood Ave (ward)

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) Wellington (Last) Crossley

4. DATE OF DEATH: (Month) June (Day) 5, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 29, 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tennis Instructor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Albert D. Crossley

14. MOTHER'S MAIDEN NAME: Mary Custer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 27-12-9939A

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 5 min

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.

(b) Generalized arteriosclerosis — years

DUE TO

(c) Parkinson's Disease – advanced — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1953, to June 5, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 8 05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): John K. Risley MD — ADDRESS: Spring Grove State Hospital - Catonsville, Md. — DATE SIGNED: June 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: 6/8/53 — NAME OF CEMETERY OR CREMATORY: Green Mount — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REGISTRAR: 6/8/53 — REGISTRAR'S SIGNATURE: a W. Redmer

24. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

VT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (7911)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural give location) 5606 Annapolis Road.

3. NAME OF DECEASED: (Type or Print) (First) Lafayette (Middle) (Last) Culver

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARR.

8. DATE OF BIRTH: 10-28-1873

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Railroad Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Unknown.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Benjamin Culver

14. MOTHER'S MAIDEN NAME: Hannah Kiltell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia - Rt. base — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Indeterminate
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — Indeterminate

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 11, 1952 to June 22, 1953, that I last saw the deceased alive on June 22, 1953, and that death occurred at 5:00 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick E. Phillips MD — ADDRESS Spring Grove Hosp — DATE SIGNED 6/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/23/53 — NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery — LOCATION (City, town, or county) (State) Syracuse, N.Y.

DATE REC'D BY LOCAL REGISTRAR 6/22/53 — REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR W.W. Chambers Co — ADDRESS Riverdale MD

VS. A15

RECEIVED
JUN 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]91

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1428 Dartmouth Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ~~Baltimore~~ Parkville
STREET ADDRESS (If rural give location): 1428 Dartmouth Road

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) Bowen (Last) Cumings

4. DATE OF DEATH: (Month) Juhe (Day) 12th (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb 27, 1894

9. AGE Last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Southern Advance Bag and Paper Co

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Frank Bowen

14. MOTHER'S MAIDEN NAME: Elmira Honrelowery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 434-09-8890

17. INFORMANT & ADDRESS: Mr. Kenneth Cumings, 1428 Dartmouth Road #14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

153X

Immediate cause (a) ..... Carcinomatosis, generalized — 2 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma of colon — ?

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of ascending colon

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1952, to June 13, 1953, that I last saw the deceased alive on June 9, 1953, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE: Frederick J. Vaeth (Degree or title) MD — ADDRESS: 6100 York Rd Balto 12 Md — DATE SIGNED: June 15, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 19 1953 — NAME OF CEMETERY OR CREMATORY: Oak Knoll Cemetery — LOCATION (City, town, or county) (State): Bellville, Texas

DATE REC'D BY LOCAL REGISTRAR: 6/16/53 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: 5305 Harford Road #14

V 15 A15

Dr. Frederick Vollmer
6100 York Road.
10 5-7636

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 538 S. 48TH ST. BALTO. 24. MD.

3. NAME OF DECEASED (Type or Print): (First) Amelia (Middle) (Last) DAVIS
4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed.
8. DATE OF BIRTH: Dec 23rd 1862
9. AGE last birthday: 90 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Own Home
10b. KIND OF BUSINESS OR INDUSTRY: Home.
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Charles M. Spence 538 S. 48th St. Essex.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 + x. 1

Immediate cause (a) Chronic Myocardial Degeneration — Interval Between Onset and Death: 10 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — uncertain

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: No operation
19b. MAJOR FINDINGS OF OPERATION: no operation
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1953, to June 25, 1953, that I last saw the deceased alive on June 25, 1953, and that death occurred at 3 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joshua H Armacost M.D. 6419 Windsor Mill Rd Balto 6/27/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6/29/53
NAME OF CEMETERY OR CREMATORY: Western Cem.
LOCATION (City, town, or county) (State): BALTO MD.

DATE REC'D BY LOCAL REG. 7-1-53
REGISTRAR'S SIGNATURE: V E Harry
24. FUNERAL DIRECTOR: LASSAHN Funeral Home.
ADDRESS: 7401 Belair Rd Balto. 6. MD.

VS. A15

RECEIVED
JUL 2
BUREAU V. S.

Item 18 Film G154 6-16-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale, Balto #6
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1/2 R.R. 75 yds W. Edmondson

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale Balto #6
STREET ADDRESS (If rural, give location) 933 Rosedale Ave

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) William (Last) Davis
4. DATE OF DEATH: (Month) June (Day) 10 (Year) 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-3-26
9. AGE last birthday: 26 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin Co
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Davis
14. MOTHER'S MAIDEN NAME: Lillian Griffin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Conn Davis (Wife) Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

802 X
Immediate cause (a) Compound, comminuted Skull
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Face & C, fractured Neck
(c) (Crushed) Pedestrian - hit by train

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Balto #6 (COUNTY) Balto. (STATE) Md.
TIME OF INJURY: (Month) June (Day) 10 (Year) 53 (Hour) 1400 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Hit by B&O Train #90.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) C. M. Clarmone M.D. ADDRESS Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 6/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 12-13
NAME OF CEMETERY OR CREMATORY: Balto. National
LOCATION (City, town, or county) (State): Holabird Ave. Balto Md

DATE REC'D BY LOCAL REG. 6-11-53
REGISTRAR'S SIGNATURE C. W. Hedrick
24. FUNERAL DIRECTOR: Thos G. Connelly
ADDRESS: Emory, Md.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place): 3 yrs 6 mos 6 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) A. (Last) Dawson

4. DATE OF DEATH: (Month) Je (Day) 8 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 11-8-97

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): nurse wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred E. Mayette

14. MOTHER'S MAIDEN NAME: Louisa Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Records Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443X

Immediate cause (a) Cardiac failure & Pulmonary Oedema — 2 dys

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease — yrs 1 yr

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

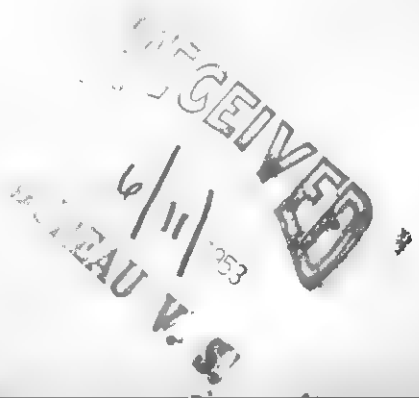
22. I hereby certify that I attended the deceased from 12-29, 1952, to 6-8, 1953, that I last saw the deceased alive on Je 8, 1953, and that death occurred at 4:40 P, from the causes and on the date stated above.

SIGNATURE (Degree or title): Edith B. Neumann-Greve MD — ADDRESS: Spring Grove State Hosp. Catonsville 28 Md. — DATE SIGNED: Je 8 1953

23. BURIAL, CREMATION, REMOVAL? (Specify) Burial — **DATE THEREOF** June 11 '53 — **NAME OF CEMETERY OR CREMATORY** St Mary's — **LOCATION** (City, town, or county) Annapolis — (State)

DATE REC'D BY LOCAL REGISTRAR 6/9/53 — REGISTRAR'S SIGNATURE T. E. Barry

24. FUNERAL DIRECTOR B. I. Hopkins — ADDRESS Annapolis Md


RECEIVED
6/11/53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 15795

DR. ROLLIN HUDSON

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 45

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Presbyterian Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Bone
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1902 Homewood Avenue

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) V. (Last) Dixon

4. DATE OF DEATH: (Month) June (Day) 4, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 4, 1873

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William M. Jenkins

14. MOTHER'S MAIDEN NAME: Margaret Sommers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Records: Presbyerian Home Towson 4, Maryla

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 ✕

Immediate cause (a) Heart disease, Chronic myocarditis — Interval between onset and death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — 5 yrs +

(c) Arteriosclerosis with senile changes — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to June 4, 1953, that I last saw the deceased alive on May 30, 1953, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Rollin L. Hudson M.D. 606 Baltimore Ave., Towson 4, Maryland 6 - 5 - 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6 - 6 - 53
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: June 6, 1953
REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc.-1900 Eutaw Place
ADDRESS: Baltimore, Md.

JOHN O. MITCHELL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7902 Stevenson Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural, give location) 7902 Stevenson Rd

3. NAME OF DECEASED (Type or Print): (First) DOROTHY (Middle) HALPERN (Last) DORF

4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH

9. AGE last birthday: 58 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Phila, Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Saml C. Halpern

14. MOTHER'S MAIDEN NAME: Mae Halpern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Morris Dorf - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary embolism — Interval Between Onset and Death: ½ hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Thrombosis of right ~~fem~~ iliac vein

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from the 6 June 1953 to ....., 19....., that I last saw the deceased alive on May 26, 1953, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE Dorothy Hawkins M.D. (Degree or title) ADDRESS 1207 Eutaw Place DATE SIGNED June 6 1953

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 6-7-53

NAME OF CEMETERY OR CREMATORY: Har Hanai

LOCATION (City, town, or county) (State): Balto / Md

DATE REC'D BY LOCAL REG. JUN

REGISTRAR'S SIGNATURE Hubert W. Williams M.D.

24. FUNERAL DIRECTOR: Jack Lewis Inc ADDRESS 2100 Eutaw Pl

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05797

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 5 yr. 11 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO.
STREET ADDRESS (If rural give location) 3614 ELM ST.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) (Last) DORSEY

4. DATE OF DEATH: (Month) 6 (Day) 30 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 2-4-92

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months 4 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CLERK

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md., BALTO.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THOMAS H. DORSEY

14. MOTHER'S MAIDEN NAME: MARY M. KESTERSON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. VIOLA DORSEY (deceased)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443X

Immediate cause (a) cerebrovascular accident

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) hypertensive cardiovascular disease

DUE TO (c) & generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-29-, 1947 to 6-30-, 1953 that I last saw the deceased alive on 6-30-, 1953, and that death occurred at 11:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) David E. Edwards MD ADDRESS DATE SIGNED 6-30-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 3/53 | NAME OF CEMETERY OR CREMATORY Druid Ridge | LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR July 7, 1953 | REGISTRAR'S SIGNATURE W. Hedrick Deputy | 24. FUNERAL DIRECTOR Sebastian E. Donovan | ADDRESS 3818 Roland Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05798

CERTIFICATE OF DEATH

Reg. Dist. No. . . . .

PLEASE WRITE PLAINLY, WITH DING INK. Every item of information should be carefully supplied. correct age is especially important. lans: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

GIN RESERVED FOR BINDING

VS. A15

1. NAME OF DECEASED (Type or Print): OSCAR STILLMAN DOSH

2. DATE OF DEATH: JUNE 1, 1953

3. PLACE OF DEATH: A Baltimore City, Maryland Fullerton

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Klausmier Road

c Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission.)
A STATE: MARYLAND B COUNTY: BALTIMORE COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fullerton
D. STREET ADDRESS (If rural, give location): BOX 67, KLAUSMIER ROAD.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 6, 1875
9. AGE (In years last birthday): 77
If under 1 Year: Months 11 Days 21
If Under 24 Hours: Hours Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GROCER
10B. KIND OF BUSINESS OR INDUSTRY: RETIRED.
11. BIRTHPLACE (State or foreign country): BALTO., MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY DOSH
14. MOTHER'S MAIDEN NAME: ELLEN HARTMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: WIFE - Julia Dosh ADDRESS: SAME

MEDICAL CERTIFICATION

18 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 1 HOUR

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) CORONARY SCLEROSIS — 5 YEARS

DUE TO

(C)

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22 *I hereby certify that I attended the deceased from* OCTOBER, 1952, to JUNE, 1953, *that I last saw the deceased alive on* MAY 1, 1953 *and that death occurred at* 5:30 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wm. F. Polek M. D.
23B. ADDRESS: 4200 Sheldon Ave
23C. DATE SIGNED: 6/1/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: JUNE 4-1953
24C NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: 6/1/53
REGISTRAR'S SIGNATURE: Wm. Hall
25. FUNERAL DIRECTOR: Leonard L. Ruck
ADDRESS: 5305 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05799

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Mr. Charles Dzierwa

2. DATE OF DEATH: June 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7104 Bristol Road
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 7104 Bristol Road

5 SEX: male
6 COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8 DATE OF BIRTH: Aug. 10, 1891
9. AGE (In years last birthday): 61
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Restaurant
10B KIND OF BUSINESS OR INDUSTRY: Self Employed
11 BIRTHPLACE (State or foreign country): Poland
12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Dzierwa
14. MOTHER'S MAIDEN NAME: Josephine ?

15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Viola Dzierwa
ADDRESS: 7104 Bristol Road

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Hypertension, chronic myocarditis — 1 yr.
DUE TO
(B) Acute cardiac dilatation — 2 hrs.
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION
19B CONDITION FOR WHICH OPERATION WAS PERFORMED
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) m
21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/11/53, 19__, to 6/11/53, 19__, that I last saw the deceased alive on 6/11/53, 19__ and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE: A. Polis M. D.
23B. ADDRESS: 4 N Fulton
23C. DATE SIGNED: 6/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B DATE: June 15, 1953
24C NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: June 13.1953
REGISTRAR'S SIGNATURE: R. W. X
26. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

VS. A15

STATE OF MARYLAND—CERTIFICATE OF DEATH 05800

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 45

Village or City Long Beach No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME ISAAC G. ETTER If U. S. Veteran, specify WAR no

(a) Residence: No. Box 239, Route 15, Balto 20, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, and year) April 18, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	89			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harrisburg, Penna. (State or country)

FATHER

13. NAME Isaac G. Etter

14. BIRTHPLACE (city or town) Mifflin, Pa. (State or country)

MOTHER

15. MAIDEN NAME Sarah Stricker

16. BIRTHPLACE (city or town) Herdron, Pa. (State or country)

17. INFORMANT Mrs. Elizabeth S. Ulrich - neice (Address) above

18. BURIAL, CREMATION, OR REMOVAL Burial Place Druid Ridge Cem Date June 22, 19 53

19. UNDERTAKER Schimunek Funeral Home, Inc. (Address) 2601-3-5 E. Madison St.

20. FILED 6/22/53 C W Hedrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 19 (Month) (Day) 193 53 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1953, to June 19, 1953

I last saw him alive on June 9, 1953; death is said to have occurred on the date stated above, at 1:20 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC C.V. DISEASE	1946
CEREBRAL HEMMORRHAGE	6-13-53

Other Contributory Causes of importance:

422.1

Name of operation NONE Date of

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? NONE (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury NONE

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify NONE

(Signed) E. A. Schimunek M. D.

(Address) 843 S. Eaton Ave. Balto 224

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

15803

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physic[illegible]: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevens; LENGTH OF STAY (in this place) 60 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 180 [illegible] St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]; STREET ADDRESS (If rural, give location) 1803 Main St.

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: [illegible] 19[illegible]

9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

190X

Immediate cause (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) [illegible]

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION: [illegible] | 19b. MAJOR FINDINGS OF OPERATION: [illegible] | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: [illegible] | (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: [illegible] | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY Ooccur? [illegible]

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to June 24 19[illegible], that I last saw the deceased alive on [illegible] 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6/26/53 | NAME OF CEMETERY OR CREMATORY: [illegible] | LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE RECD BY LOCAL REG. 6/23/53 | REGISTRAR'S SIGNATURE: A W Hedrick | 24. FUNERAL DIRECTOR: [illegible] | ADDRESS [illegible]

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6802

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Bulto — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 5431 Whitlock Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Bulto

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural

STREET ADDRESS (If rural, give location) 5431 Whitlock Rd. E Gaithersburg Hyatts

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Elizabeth	K.	Faust	June	7th	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Unknown	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Benjamin V. Riall	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	Mrs. J.O. Estantings 5431 Whitlock Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
15/X Immediate cause	(a) Carcinoma of Stomach with Metastasis	
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8/, 1953, to 6/7, 1953, that I last saw the deceased alive on 6/5, 1953, and that death occurred at 1 m., from the causes and on the date stated above.

SIGNATURE Samuel Lynn MD (DEGREE OR TITLE) ADDRESS DATE SIGNED 6/8/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/10/53	Mt. Olivet	Bulto Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/8/53	A V. Hedrick	Wm Cook Inc.	121 St. Paul St.

VS. A15 1

BIRTH NO. [illegible] 65803

1. NAME OF DECEASED (Type or Print): MADORA B. FENNEMAN

2. DATE OF DEATH: June 6, 1953

3. PLACE OF DEATH:
A. Baltimore ~~City~~, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Armacost Nursing Home, 812 Regester Avenue
C. Length of stay in Baltimore: 55 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, Baltimore 60-11
D. STREET ADDRESS (If rural, give location): 3523 N. Calvert Street

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: October 5, 1873
9. AGE (In years last birthday): 79
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wilmington, Delaware
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Samuel Brittingham
14. MOTHER'S MAIDEN NAME: Rebecca Booze

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Lawrence B. Fenneman ADDRESS: 3523 N. Calvert St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardio-Vascular disease — INTERVAL BETWEEN ONSET AND DEATH
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) 4221
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1953 *to* June, 1953, *that I last saw the deceased alive on* June 6, 1953, *and that death occurred at* 2:00 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: William S. Helprich M. D.
23B. ADDRESS: 5006 Roland Avenue
23C. DATE SIGNED: 6 - 6 - 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6 - 8 - 53
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore. Md.

DATE RECEIVED BY LOCAL REGISTRAR: 6/8/53
REGISTRAR'S SIGNATURE: a. W. Hedrick
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. ADDRESS: 1900 Eutaw Place
M B Mitchell

VS 150 JT

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosemount

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 3009 Alabama Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosemount

STREET ADDRESS (If rural, give location) 3009 Alabama Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
SILVIO		FERRARI	June 14, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	Mar. 7, 1884	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Marble Polisher	Marble Works	Italy	Italian

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Assunta (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs Mary Falconi, 3009 Alabama Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive cardio vascular disease	2/14/48
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) —	
DUE TO		
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2/14/, 1948, to 6/14/, 1953, that I last saw the deceased alive on 6/14/, 1953, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Harry Leibel MD	1226 Hanover St.	6/15/53.

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/17/53	New Cathedral	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/16/53	H. K. Hebbard Deputy	Wm Cook, Inc.,	1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

63805

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A25

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson; STREET ADDRESS (If rural, give location) Glenarm Rd

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Sister Mary Austin Fisher

4. DATE OF DEATH (Month) (Day) (Year): JUNE 29, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 22 1877

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John S. Fisher

14. MOTHER'S MAIDEN NAME: Elisabeth Dunze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Sr. Mary Clara Notch cliff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Metastases	1 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of breast	7 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1952, to June 29, 1953, that I last saw the deceased alive on June 18, 1953, and that death occurred at 9.40 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sister M. Brendan SSJ 7501 York Rd 6/29/53.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: JULY 1, 1953

NAME OF CEMETERY OR CREMATORY: VILLA MARIA CEM.

LOCATION (City, town, or county) (State): NOTCH CLIFF MR Towson Md

DATE REC'D BY LOCAL REGISTRAR: 6/30/53

REGISTRAR'S SIGNATURE: Dr W Redmond

24. FUNERAL DIRECTOR: Charles S. Zeiler

ADDRESS: 901 S. CONKLING ST. BALTO. 24, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

05306

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (In this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Hanover Rd. 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown, Md.
STREET ADDRESS (If rural, give location) Old Hanover Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RAYMOND	EDW	FONGER	June	26	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	July 19, 1886	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) West Olive Co - Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Fonger
14. MOTHER'S MAIDEN NAME Mary Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1917-1919
16. SOCIAL SECURITY NO. none.
17. INFORMANT AND ADDRESS Laura May Fonger.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Artery Disease	5 yrs.
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none
(CITY OR TOWN) none. (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Eagles	Deputy Md. Exam. M.D.	Reisterstown, Md.	June 26 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 30/53	Louden Park Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-29-53	Mary B. Eline.	J.F.Eline & Sons, Reisterstown, Md.

VS-MD-A

RECEIVED
1 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

58117

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 5

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place) 61 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 401 Kingston Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 401 Kingston Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) A. (Last) Fosbender
4. DATE OF DEATH: (Month) June (Day) 8 (Year) 19-53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: ---------
9. AGE last birthday: 81 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Restaurateur
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not obtainable
14. MOTHER'S MAIDEN NAME: Not obtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mary E. Fosbender 401 Kingston Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Myocardial infarction	4 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary thrombosis	4 hrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary sclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1951, to May 8, 1953, that I last saw the deceased alive on May 8, 1953, and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE: J. Blatt, M.D. (Degree or title) ADDRESS 434 Eastern Ave. Essex, md DATE SIGNED 6/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/10/53
NAME OF CEMETERY OR CREMATORY: New Cathecral
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/9/53
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: H. W. Meares & Son ADDRESS 805 N. Calvert St.

No info available FilmG155 7/22/53 whw

6578

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Blvd. Sulphur Spring Rd. &

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) DONALD (Middle) (Last) FOSTER

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis of coronary arteries with thrombotic occlusion of right coronary artery

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph A. Yachimenko M.D. Assistant Medical Examiner, 700 Fleet St., Balto. 2, Md. 7-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 11, 1953 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet | LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG. 7/10/53 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR: Joseph T. Lombardo | ADDRESS: 1328 Eastern Ave. Balto.

MARYLAND STATE DEPARTMENT OF HEALTH

C5808

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balt. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (In this place) Quite
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5627 Carrie

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 5129 Carrie

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carrie	Virginia	Frank	June	9	19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	2/18/49	5 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Md.	

13. FATHER'S NAME Edgar Frank
14. MOTHER'S MAIDEN NAME Irene Conkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No			Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia by drowning - Suicide	Instantaneous
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Jumping into a reservoir	1/2 hr.
	(c) Cerebral hemorrhage with partial paralysis right	1 1/2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Reisterstown	Balt.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
6	8	1953	11 p.m.			Suicide - Jumped in water.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE, (Degree or title) ADDRESS DATE SIGNED

[illegible] M.D. Towson Md 6/10/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/11/53	Park	Parkville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/10/53	C. W. Hedrick	[illegible]	[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05809

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Wiltondale

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 603 Sussex Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wiltondale

STREET ADDRESS (If rural, give location): 603 Sussex Road

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) A. (Last) Fuld

4. DATE OF DEATH: (Month) June (Day) 1, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 17, 1898

9. AGE last birthday: 55 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): never employed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Fuld

14. MOTHER'S MAIDEN NAME: Annie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: William A. Fuld, 605 Sussex Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Uremia (Acute) — Interval between onset and death: 3 days

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arteriosclerotic Cardiovascular disease — Undetermined

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis — 7 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 19 53, to May 31, 19 53, that I last saw the deceased alive on May 31, 19 53, and that death occurred at 4:02 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Howard P. Burgess M.D. 427 Baltimore St. Glen Burnie Md. 6/1/53

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF: 6/4/53

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Anne Arundel County, Md.

DATE REC'D BY LOCAL REG.: June 3, 1953

REGISTRAR'S SIGNATURE: H. W. Hodges

24. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS: 1217 St. Paul Street

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 015810

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6425 Kriel Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) 6425 Kriel Ave.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) GAAEI

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Sept. 11, 1891

9. AGE last birthday: 61 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Hasenei

14. MOTHER'S MAIDEN NAME: Annie Edler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Mr. Peter C. Gaaei - 6425 Kriel Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) ..... DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Chronic passive congestion of lungs

(c) Polycarditis

Interval Between Onset And Death: 7 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to June 27, 1953, that I last saw the deceased alive on June 27, 1953, and that death occurred at 6:55 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Polcuch M.D. ADDRESS 4710 Liberty Hts 6/29/53 DATE SIGNED Polcuch M.D.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6/30/53

NAME OF CEMETERY OR CREMATORY Lorraine Cem.

LOCATION (City, town, or county) Woodlawn, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 6/29/53

REGISTRAR'S SIGNATURE A.W. Hedrich dmr

24. FUNERAL DIRECTOR Wm. J. Tichenor & Son ADDRESS Balto. 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05811

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40 + Patapsco River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — STREET ADDRESS (If rural, give location) 127 Bruton Ave

3. NAME OF DECEASED (Type or Print): (First) John — (Middle) Evan — (Last) Gaither Jr

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 18 1943

9. AGE last birthday: 16 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Catonsville Baltco

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E Gaither Sr

14. MOTHER'S MAIDEN NAME: Margaret Susan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: John E Gaither Sr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

929.8 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) by swimming in

(c) Patapsco River

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office building, etc.) OF INJURY Patapsco river — (CITY OR TOWN) Catonsville — (COUNTY) Balto — (STATE) Md

TIME OF INJURY (Month) June (Day) 6 (Year) 53 (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Swimming in River

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐ homicide ☐ undetermined ☐.*

SIGNATURE (Degree or title) Geo. McLeister M.D. — ADDRESS 1010 Leeds Ave Balto — DATE SIGNED June 9, 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6-10 53 — NAME OF CEMETERY OR CREMATORY Western Star — LOCATION (City, town, or county) Catonsville — (State) Md

DATE REC'D BY LOCAL REG. 6/10/53 — REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR H.C. Higinbothom — ADDRESS Ellicott City Md

A16A

RECEIVED
JUN 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05812

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2321 N. Charles Street

3. NAME OF DECEASED: (First) WILLIAM (Middle) B. (Last) GARNER

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-25-02

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bartender

10b. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Calvert Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Elza Garner

14. MOTHER'S MAIDEN NAME: Mary Ritchie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 219-30-5198

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163

Immediate cause (a) CARCINOMA OF LUNG WITH METASTASES — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1953, to June 17, 1953, and that death occurred at 11:04 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 6-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 23 1953
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/19/53
REGISTRAR'S SIGNATURE: Dan Hebrew

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore 14, Maryland
Howard J Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05813

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home Paradise & Altamont Avenues

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2822 Clifton Avenue

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) A. (Last) GEIGER

4. DATE OF DEATH: (Month) June (Day) 8, (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: April 6, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Clerk - File

10b. KIND OF BUSINESS OR INDUSTRY: U. S. F. & G.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Geiger

14. MOTHER'S MAIDEN NAME: Catherine Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Ellsworth Hurlock, 212 Gaywood Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocandial failure DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c) Arterio sclerosis, generalized, senile Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hernia - Rt., diverticulum colon rt. Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20, 19 53 to 6-8, 19 53, that I last saw the deceased alive on 6-7, 19 53 and that death occurred at 11:00 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Stephen Leo Magness MD Catonsville 28 Md 6-9-53

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF: 6/11/53
NAME OF CEMETERY OR CREMATORY: Western Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/10/53
REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Wm. Cook, Inc., 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05814

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

(PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) CATONSVILLE 2120 OAK LODGE
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2120 OAK LODGE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural give location) 111 TRAPPE ROAD

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) George

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV. 23 1906

9. AGE last birthday: 46 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CRANE OPER

10b. KIND OF BUSINESS OR INDUSTRY: BETHLEHEM STEEL

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES GEORGE

14. MOTHER'S MAIDEN NAME: LAURA MC GRAW

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES
(If Yes, give war or dates of service) 1924-1930

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. ANNA GEORGE 111 TRAPPE ROAD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from None, 19 , to None, 19 , that I last saw the deceased alive on None, 19 , and that death occurred at 2:55 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. E. R. Gath M.D. 1707 Edmondson Ave. Catonsville 28 Md. 14 June 53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF JUNE 17 1953
NAME OF CEMETERY OR CREMATORY (City, town, or county) (State) BALTIMORE NATIONAL BALTIMORE MD

DATE REC'D BY LOCAL REGISTRAR 6/17/53
REGISTRAR'S SIGNATURE Ada Hedrick

24. FUNERAL DIRECTOR ADDRESS
ULLRICH FUNERAL HOME 2112 DUNDALK

VS. A15

NOT A MEDICAL EXAMINER'S CASE

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

95815

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) about 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 101 Oakdale Rd

3. NAME OF DECEASED: (Type or Print) (First) Lucretia (Middle) Thomas (Last) Godwin

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb-16-1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Could not ascertain

14. MOTHER'S MAIDEN NAME: Could not ascertain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Mrs Arthur Pfeffer - Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 48 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Hypertensile Cardio-Vascular Renal Dis. — 7 yrs.?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.5 19.46, to 6.26 19.53, that I last saw the deceased alive on 6.26 1953, and that death occurred at 10.15-a m., from the causes and on the date stated above.

SIGNATURE George C Urban (DEGREE OR TITLE) MD ADDRESS 805 Old Ave 28 Md DATE SIGNED 6.26.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF June-29-1953
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. June 29, 1953
REGISTRAR'S SIGNATURE A.W. Hedrich
24. FUNERAL DIRECTOR Stewart-Mowell Co. ADDRESS Balto. Md.

dmr.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

5816

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gwynndale — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warrentown
STREET ADDRESS (If rural, give location) Rt. 2 Le Baron Farm

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) E (Last) GRAYSON
4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 19 53
5. SEX M
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 4-3-32
9. AGE last birthday 21 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Army
10b. KIND OF BUSINESS/OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Culpeper Co., Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Grayson
14. MOTHER'S MAIDEN NAME Dora Thomoson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Dora T. Grayson, Warrington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to Drowning — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY STREAM (CITY OR TOWN) Gwynndale (COUNTY) Balto (STATE) MD
TIME OF INJURY (Month) 6 (Day) 27 (Year) 53 (Hour) 3 p m. INJURY OCCURRED While at work [ ] Not while at work [X]
HOW DID INJURY OCCUR? DROWNED WHILE SWIMMING

22. *I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE J. B. Fisher (Degree or title) MD ADDRESS 700 Fleet St Balto. DATE SIGNED 6/28/53

23. BURIAL, CREMATION or REMOVAL (Specify) Burial | DATE THEREOF 7-3-53 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REG. 6/29/53 | REGISTRAR'S SIGNATURE A. W. Hedrick DMR | 24. FUNERAL DIRECTOR Charles R. Law | ADDRESS 802 Mad. Ave.

VS-415A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

65817

CERTIFICATE OF DEATH

Reg. Dist. No. 4-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22 — LENGTH OF STAY (in this place) 23 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2917 DUNMURRY Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22
STREET ADDRESS (If rural, give location) 2917 DUNMURRY Rd

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) B. (Last) GROOMS, SR.
4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 25, 1893
9. AGE last birthday: 59 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELDER
10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFR
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-01-1549
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] — 6 Hrs

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — 5 Yrs

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1953, to June 30, 1953, that I last saw the deceased alive on June 30, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) MD — ADDRESS [illegible] Md — DATE SIGNED 6/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 7-3-53 — NAME OF CEMETERY OR CREMATORY MORELAND MEM. PARK — LOCATION (City, town, or county) (State) BALTO. CO. Md.

DATE REC'D BY LOCAL REG. July 1-1953 — REGISTRAR'S SIGNATURE William M Keely — 24. FUNERAL DIRECTOR — ADDRESS [illegible]

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05818

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/E 1

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville
LENGTH OF STAY (in this place): 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 745 W. North Avenue

3. NAME OF DECEASED: (First) Emanuel (Middle) (Last) Gross
4. DATE OF DEATH: (Month) June (Day) 15, (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 1895
9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Silk business
11. BIRTHPLACE (State or foreign country): New York City
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pleural Effusion — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Decompensatory heart disease — 5 years

DUE TO

(c) Myocardial Infarction — 5 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Edema--Elephantiasis — Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20-, 19 53, to 6-15-, 19 53, that I last saw the deceased alive on 6-14-, 19 53, and that death occurred at 4:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irving W. Beverly M.D.
ADDRESS Spring Grove State Hospital
DATE SIGNED 6-15-53

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
DATE THEREOF: 6/15/53
NAME OF CEMETERY OR CREMATORY
LOCATION (City or County) (State)

DATE REC'D BY LOCAL REGISTRAR: 6/15/53
REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: Goldberg Funeral Home
ADDRESS: 4217-9th St NW Wash. DC.

RECEIVED
JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05819

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY of Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY ~~Baltimore~~ Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood, Md.

STREET ADDRESS (If rural, give location): #7 Armstrong St.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) W. (Last) Haddock

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: May 4, 1884

9. AGE last birthday: 69 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: House

11. BIRTHPLACE (State or foreign country): Folkston, Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Haddock

14. MOTHER'S MAIDEN NAME: Elizabeth Braddock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 171-18-1320

17. INFORMANT'S ADDRESS: Personal History — Hospital Records — Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) FAR ADVANCED BILATERAL PULMONARY TUBERCULOSIS — 2 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1953, to June 19, 1953, that I last saw the deceased alive on June 18, 1953, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE Martin B Kress (DEGREE OR TITLE) M.D. ADDRESS Eudowood Sanatorium Towson, 4, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 6/21/1953 — NAME OF CEMETERY OR CREMATORY: Adkins Funeral Home — LOCATION (City, town, or county) (State): Folkston, Charlton, Ga.,

DATE REC'D BY LOCAL REG. 6/25/53 — REGISTRAR'S SIGNATURE A. H. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Howard K. Mc Comas & Son, Abingdon Md.

VS-MD-11

RECEIVED
JUN 25
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05820

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balt. | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govans | LENGTH OF STAY (In this place) 28 yrs | HOSPITAL OR INSTITUTION OR STREET ADDRESS 4221 Kenwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md | COUNTY Balto | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govans | STREET ADDRESS (If rural give location) 4221 Kenwood Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ernest	L.	Hahn	June	24	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	March 16 1889	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watch Engraver	Gas Electric Co	Balto. City Md	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
August Hahn	Regina Hildebrandt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No	212-05-7263	Mrs Ernest Hahn 4221 Kenwood Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.

Immediate cause (a) Coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic coronary heart

(c) disease with myocardial damage 4 years.

INTERVAL BETWEEN ONSET AND DEATH: Immediate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan, 1952, to June, 1953, that I last saw the deceased alive on June 2, 1953, and that death occurred at 7:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Carlos M Kan MD		6801 Belair Rd	June 25, 53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/27/53	Balto. Cem	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/26/53	A. W Hedrick	Lansdale Funeral Home	7401 Belair Rd

VS. 246

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

C5321

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 1. Belair Rd. 4 m. S. Big Gun Powder Falls.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney Md. Balto 34
STREET ADDRESS (If rural, give location) 9611 Harford Rd. Near Joppa

3. NAME OF DECEASED (Type or Print): (First) Auley (Middle) McClain (Last) Hamilton
4. DATE OF DEATH: (Month) June (Day) 13 (Year) 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb 13 1922
9. AGE last birthday: 31 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DIESel MechaNIC
10b. KIND OF BUSINESS OR INDUSTRY: HIBAN Tractor
11. BIRTHPLACE (State or foreign country): Burkeville Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Julius WINSTON HAMILTON
14. MOTHER'S MAIDEN NAME: Dora Ellen Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Charlotte A. HAMILTON SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

819X

Immediate cause (a) Compound, multiple fractures — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Skull & face & fractured neck (Crushed).

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street (CITY OR TOWN) Kingsville (COUNTY) Balto. (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour): June 13 1953 9:12 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Auto. accident.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED
H. M. Carmine M.D. Degree Medical Examiner Balto. Co. Dundalk 22 Md. 6/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: June 17-1953
NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
LOCATION (City, town, or county) (State): BALTO Md

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Leonard J. Ruck ADDRESS 5305 Harford Rd

VS-4154

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05822

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
MARYLAND — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 315 Ingleside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: ~~Balto.~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 00-21
STREET ADDRESS (If rural give location): 2029 N. Payson St.

3. NAME OF DECEASED: (First) KATIE (Middle) (Last) HAMPEL
4. DATE OF DEATH: (Month) June (Day) 1 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	Sept. 5, 1862	90 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	--	unknown	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-- Muetze	unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
--		no	Mrs. Gertrude K. Gerold -3230 Garrison Blvd.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 Immediate cause	(a) Myocardial failure	11 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c) Arterio sclerosis, generalized, severe	Unknown
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1953 to June 1, 1953, that I last saw the deceased alive on May 29, 1953, and that death occurred at 7.30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Stephen Lee Magness M.D Catonsville, Md 6-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial 6/4/53 Western Cem. Balto., Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

6/2/53 V E Harry Wm. J. Tickner & Sons Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05823

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phila & Middle River Roads

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) Phila & Middle River Roads

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) L. (Last) Wappel

4. DATE OF DEATH: (Month) (Day) (Year) JUNE 20 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11/22/1862

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Waynesboro Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nathaniel Crouse

14. MOTHER'S MAIDEN NAME: Mary Crouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Edward Sapp Phila. & Middle River Rds.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Arterio-sclerotic Cardio-Vascular Disease — Interval Between Onset and Death: 1 yr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Broncho-pneumonia — 4 Days

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1953, to June 20, 1953, that I last saw the deceased alive on June 20, 1953, and that death occurred at 11:50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James F. White M.D. 422 Eastern Ave. Baltimore 24 Md. 6/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6/25/53

NAME OF CEMETERY OR CREMATORY: Burns Hill

LOCATION (City, town, or county) (State): Waynesboro Pa.

DATE REC'D BY LOCAL REG. 6/22/53

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Wm Cook Inc. 1217 St. Paul St.

VS A15 RELEASE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 524

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Fullerton — LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Buck's School House Rm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2208 Kirk Avenue

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Chas. (Last) Haug Jr.
4. DATE OF DEATH: (Month) June (Day) 4 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Feb 7, 1926
9. AGE last birthday: 27 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman
10b. KIND OF BUSINESS OR INDUSTRY: Rockingham Conc. Co.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Charles Haug
14. MOTHER'S MAIDEN NAME: Mary Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War II 1-12-44 to 5-2-46
16. SOCIAL SECURITY NO.: 220-12-5586
17. INFORMANT AND ADDRESS: Mildred A. Haug - 2208 Kirk Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Electrocution with 4th° burns Rt. Axilla & Chest

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Axilla & Chest

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) — (b) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Telephone Co. (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY 6-4-53 3:15 p.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Came in Contact with high Power Wire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] M.D. [illegible] June 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-8-1953
NAME OF CEMETERY OR CREMATORY: Balto. Natl. Cem.
LOCATION (City, town or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: June 5, 1953
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: John C. Mellor Inc. — ADDRESS: 2431 E. Oliver St.

VS-41BA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C5825

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Braeside) Nr. Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5222 Cromarty Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 5222 Cromarty Road

3. NAME OF DECEASED: (First) Nicholas (Middle) A. (Last) Moss
4. DATE OF DEATH: (Month) June (Day) 8, (Year) 19 53.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: Feb. 2, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (even if retired): Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Moss
14. MOTHER'S MAIDEN NAME: Emma Keuner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Claire M. Stevens 5222 Cromarty Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Embolism — Interval Between Onset And Death: 1 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Disease ?
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24, 1953, to 6/8, 1953, that I last saw the deceased alive on 6/7, 1953, and that death occurred at 11:20 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) James J. Kenberger ADDRESS 4173 Rockrose Ave. DATE SIGNED 6/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-11-1953
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR 6/10/53
REGISTRAR'S SIGNATURE A. W. Hancock M.D.
24. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.,

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05826

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 58 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural give location) Reisterstown Road

3. NAME OF DECEASED: (Type or Print) (First) Lavinia (Middle) Evelyn (Last) High

4. DATE OF DEATH: (Month) (Day) (Year) June 17, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: May 8, 1879

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework for self

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Fuller High

14. MOTHER'S MAIDEN NAME: Mary E.M.Harshberger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Miss Bertha E.Disney, Owings Mills, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

44 ✓X

Immediate cause (a) Pulmonary Edema — 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral Thrombosis — 1 wk.

DUE TO (c) Hypertensive C.V. Disease — Years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June ....,1952., to June 17..., 1953., that I last saw the deceased alive on June 17, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE Martin E. Stroube — (Degree or title) M.D. — ADDRESS Reisterstown Md. — DATE SIGNED 6/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 20, 1953 — NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem. — LOCATION (City, town, or county) (State) Owings Mills, Md.

DATE REC'D BY LOCAL REGISTRAR 6-20-53 — REGISTRAR'S SIGNATURE Mary B. Eline. — 24. FUNERAL DIRECTOR — ADDRESS J.F.Eline & Sons, Reisterstown, Md.

RECEIVED
JUN 22 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18, MD.

CERTIFICATE OF DEATH

6582 (084) 31

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) RANDALLSTOWN
LENGTH OF STAY (in this place) 57 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9111 LIBERTY ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RANDALLSTOWN
STREET ADDRESS (If rural give location) 9111 LIBERTY ROAD

3. NAME OF DECEASED: (Type or Print) (First) AGNES (Middle) JOSEPHINE (Last) HOHMAN

4. DATE OF DEATH: (Month) JUNE (Day) 6 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: JAN. 26-1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months 5 Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): BALTIMORE COUNTY MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN THOMAS MEGAN

14. MOTHER'S MAIDEN NAME: MARY GERTRUDE GREENWART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: MISS RUTH HOHMAN — RANDALLSTOWN — MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154.1

Immediate cause (a) CARCINOMA OF RECTUM - C — Interval Between Onset And Death: ...

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) METASTASIS TO LIVER - — 18 MONTHS

DUE TO

(c) CONGESTIVE HEART FAILURE — 3 WEEKS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: FEB 1-1953

19b. MAJOR FINDINGS OF OPERATION: CA OF RECTUM - MET. TO LIVER & BLADDER INVOLV.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) X

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY X

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY X m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from NOV. 1951, to JUNE 6, 1953 that I last saw the deceased alive on JUNE 6, 1953, and that death occurred at 3:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas C. Walsh MD — ADDRESS Randallstown Md — DATE SIGNED 6-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-8-53 — NAME OF CEMETERY OR CREMATORY Holy Family Cemetery — LOCATION (City, town, or county) (State) Randallstown Md

DATE REC'D BY LOCAL REGISTRAR 6/1/53 — REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR Ellsworth Romaccoat — ADDRESS 4600 Liberty Heights Avenue

VS. A15

JUN 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05828

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Louise Holle

2. DATE OF DEATH: June 12, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland Catonsville

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ridgeway Manor-Home

C. Length of stay in Baltimore: 80 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MARYLAND
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 3322 Frederick Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	White	Widowed	4-22-1873	80		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Balto-Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Phillipi

14. MOTHER'S MAIDEN NAME: Reagina Phillipi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): —

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Lillian Naff ADDRESS: 1128 Baltimore St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic CVD. — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER):

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/1 19 53 *to* 6/12, 1953, *that I last saw the deceased alive on* 6/11, 1953, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.

23B. ADDRESS: 3325 Frederick Ave

23C. DATE SIGNED: 6/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 6-16-53

24C. NAME OF CEMETERY OR CREMATORY: London Park

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: 6/15/53

REGISTRAR'S SIGNATURE: H. W. Hedrick

25. FUNERAL DIRECTOR: G. Truman Schwab ADDRESS: 3512 Frederick Ave

VS. A15

VS 150

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05829

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Overlea Dist. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea Baltimore; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 6804 Beech Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Overlea; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 6804 Beech Avenue

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) M. (Last) Hooe

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb. 28, 1870

9. AGE: last birthday 83 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charlestown, West Virginia

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Davis

14. MOTHER'S MAIDEN NAME: Anna L. Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Beulah Ebersole, 6804 Beech Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral apoplexy — Interval Between Onset and Death: 1 wk

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio Vascular — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/26, 1953, to 6/2, 1953 that I last saw the deceased alive on 6/2, 1953, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE: W M Baumgardner (Degree or title) MD ADDRESS Bel Air Md DATE SIGNED 6/3/53

26. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 6 1953 | NAME OF CEMETERY OR CREMATORY: Edgehill Cemetery | LOCATION (City, town, or county) (State): Charlestown, West Virginia

DATE REC'D BY LOCAL REG.: 6-4-53 | REGISTRAR'S SIGNATURE: [illegible] | 27. FUNERAL DIRECTOR: Leonard J. Fuck | ADDRESS: Leonard J. Fuck, 5305 Harford Road #14

92. Misconsider - one

COPY SENT TO LOCAL REGISTRAR [illegible] DATE [illegible]

RECEIVED
JUN 8 1953
BY [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

5341

Reg. Diat. No. 42

1. PLACE OF DEATH:
County: Balto.
City or town: Halethorpe
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
1305 Francis Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Balto
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5562 Link Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Clarence Emory Houck

3.(b) Social Security Number: 214-03-7770

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married.

6.(b) Name of husband or wife: Helen Irene Houck.
6.(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Oct Nov. 3, 1897

8. AGE: Years	Months	Days	If less than one day
55			hrs. min.

9. Birthplace: Md.
(Town, county, and state)
10. Usual occupation: Foreman Balto Transit (Retired)
11. Industry or business

MOTHER / FATHER
12. Name —
13. Birthplace —
14. Maiden name —
15. Birthplace —

16. Informant: Helen I. Houck.
Address 5562 Link Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 27 1953 (month) (day) (year)
Cemetery or crematory: New Cathedral
Location: Edmondson Ave
18. Funeral director: Paul E. Ebenreuth Jr.
Address 3615-17 Chestnut Ave.

19. 6/24/53 (Date rec'd by registrar) a. W. Herrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23 1953 at 2:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/5/53 to 6/23/53 and that I last saw h. alive on 6/23/53.

Immediate cause of death: Acute Coronary Occlusion & Myocardial infarction — DURATION

Due to:

Due to:

Other conditions: Obesity 4221 — DURATION

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John C. Kelly M.D.
M. D. or other
Address: Halethorpe Date signed 6/23/53

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05831

Reg. Dist. No. 3-9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: " Nursing Home 301 Inglewood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location): 40 Township Rd.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) W. (Last) Hunt

4. DATE OF DEATH: (Month) June (Day) 25th (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Single	9/16/1867	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newsboy
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Hunt
14. MOTHER'S MAIDEN NAME: Sarah L. Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Clara E. Russell 6504 North Brit Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

Immediate cause — (a) Chronic Myocardial Degeneration — DUE TO

Antecedent cause(s) (Diseases or conditions, if any, giving rise to the above cause stating underlying cause last) — (b) Arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 5 yrs. (b) uncertain

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: No Operation
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952 to June 25, 1953, that I last saw the deceased alive on June 24, 1953, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Joshua H. Armacost M.D. 6419 Windsor Mill Rd Baltimore 7 6/26/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/27/53	London Park	Balto Md.

DATE REC'D BY LOCAL REG. 6/26/53 — REGISTRAR'S SIGNATURE: W W Hopkins
24. FUNERAL DIRECTOR ADDRESS: Wm Cook Inc. 1217 St. Paul St.

VS. A15 Rev. 7-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05832

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Parkton
LENGTH OF STAY (in this place) 67 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS E-York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Parkton
STREET ADDRESS (If rural give location) E.- York Rd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Milton (Last) Hunt.

4. DATE OF DEATH: (Month) June (Day) 26, (Year) 1953.

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Jan. 8, 1886 | 9. AGE last birthday: 67 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Parkton, Md., R.D.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John N. Hunt.
14. MOTHER'S MAIDEN NAME: Emma Wilson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS: Mrs. Daisy Hunt, Parkton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

4-10 X

Immediate cause (a) Mitral Regurgitation

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Oedema of Lungs DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 1953, to 6/26, 1953, that I last saw the deceased alive on 6/26, 1953, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) James L Yoggle ADDRESS New Freedom DATE SIGNED 6/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 29/1953 | NAME OF CEMETERY OR CREMATORY New Market Cemetery | LOCATION (City, town, or county) (State) Maryland Line, Md.

DATE REC'D BY LOCAL REGISTRAR June 29 1953 | REGISTRAR'S SIGNATURE Edwin L Reed

24. FUNERAL DIRECTOR Jacob Hertenstein ADDRESS New Freedom, Pa.

BURE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

53833

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2918 Hillcrest Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2918 Hillcrest Avenue

3. NAME OF DECEASED (Type or Print): (First) Sidney (Middle) John (Last) Hyatt

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 27, 1902

9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fidelity Trust Co

10b. KIND OF BUSINESS OR INDUSTRY: Bank

11. BIRTHPLACE (State or foreign country): Ellicott City, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Myles Hyatt

14. MOTHER'S MAIDEN NAME: Sallie Wyderman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Loretta C. Hyatt, 2918 Hillcrest Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart disease, acute congestive failure	1 day
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin L. Hudson (Degree or title) M.D. P.M.E. ADDRESS Towson Md. DATE SIGNED 6/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 11, 1953 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/9/53 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR: Leonard J. Ruck | ADDRESS: Leonard J Ruck, 5305 Harford Road #14

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05534

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15-1

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place) 2 years 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 27 Maryland Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): James I. Hynes

4. DATE OF DEATH (Month) (Day) (Year): June 19, 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: April 1, 1887

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Electric Motors

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patric Hynes

14. MOTHER'S MAIDEN NAME: Tuohy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 217-07-6406

17. INFORMANT AND ADDRESS: Mrs. Nellie D. Hynes, 27 Maryland Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	2 yr.
2 1-2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemosiderosis	3 yr.
	(c) Rheumatoid Arthritis of hip.	2 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 51, to June 19, 19 53, that I last saw the deceased alive on June 19, 19 53, and that death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

G. G. Kostmayer, M.D. | 1037 N. Charles St - Balto | 6/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 22, 1953 | NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery | LOCATION (City, town, or county) (State): Pikesville, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 6/22/53 | REGISTRAR'S SIGNATURE: a w Redmond | 24. FUNERAL DIRECTOR: C. Vernon Lemmon | ADDRESS: 4611 Park Heights A Baltimore, Md.

55

MARYLAND STATE DEPARTMENT OF HEALTH

05835

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin — LENGTH OF STAY (In this place) 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Hall (Last) Isennock

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 22 1895

9. AGE last birthday: 57 yrs. — If under 1 year: Months 11, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vocational Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Bel Air High School

11. BIRTHPLACE (State or foreign country): Baldwin, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Henry Isennock

14. MOTHER'S MAIDEN NAME: Martha Ellen Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO. 218-01-5502

17. INFORMANT: Raymond Earl Isennock, Baldwin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gun Shot wound in head (right temple)

9767 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Despondency from ill-health - Kidney trouble

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Instant (b) 1 yr

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) Fork (COUNTY) Balto (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 6 (Year) 1953 (Hour) 1:30 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Gun shot wound - 32 pistol shot in head.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Isaac Hutchins M.D. Fork, Md. 6/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF June 9, 1953 — NAME OF CEMETERY OR CREMATORY Fork Methodist Cem. — LOCATION (City, town, or county) Fork (State) Md.

DATE REC'D BY LOCAL REG. June 9-53 — REGISTRAR'S SIGNATURE C. E. Arthur

24. FUNERAL DIRECTOR Martin L. Kurtz, Jarrettsville ADDRESS Md.

RECEIVED
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05836

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 7 mos. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural give location) 36 F Ridge Road

3. NAME OF DECEASED: (Type or Print) (First) ANTHONY (Middle) STEWART (Last) IVESON

4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9-16-1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor foreman

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): SCRANTON Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony Iveson

14. MOTHER'S MAIDEN NAME: Jane---

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Congestive heart failure	1 week
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Old and recent myocardial infarctions	1 year
	(c) DUE TO Coronary and generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work [ ] Not While At Work [ ] HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28-, 19 52, to 6-29-, 19 53, that I last saw the deceased alive on 6-29, 1953, and that death occurred at 1:10 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B. Herrmann-Green MD ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 6-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 7/2/1953 NAME OF CEMETERY OR CREMATORY ARLINGTON NAT'L CEM. LOCATION (City, town, or county) (State) ARLINGTON VIRGINIA

DATE REC'D BY LOCAL REGISTRAR 6/29/53 REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR W. W. CHAMBERS CO ADDRESS RIVERDALE MD

VS. A/6

RECEIVED
JUL 1
BUREAU V. S

(4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05837

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS House In Pines Nursing Home, 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. — COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

STREET ADDRESS (If rural give location) 714 Wicklow Rd.

3. NAME OF DECEASED: (Type or Print) (First) Virginia A. (Middle) Jensson (Last)

4. DATE OF DEATH: (Month) June (Day) 26/53 (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	April 5, 1901	52 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Telephone Operator, C.&P.Phone		Balto. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. Spedden	Ella-----

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Ellis Jensson, 714 Wicklow Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

170 X

Immediate cause (a) Cerebral metastasis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of the breast

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
About 3 yrs. ago in Fla.	Carcinoma of the breast	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1953, to June 26, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]		4116 Edmondson Ave.	June 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 30/53	New Cathedral	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/30/53	C. W. Hedrich	Harry A. Whistle	410 Edmondson Ave.

mnb

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05838

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 2026 Brookfield Avenue

3. NAME OF DECEASED: (First) LOUIS (Middle) (NMI) (Last) KATES (AISO: KATZ)
4. DATE OF DEATH: (Month) June (Day) 30 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-21-91
9. AGE last birthday: 61 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Accounting
10b. KIND OF BUSINESS OR INDUSTRY: (Household Appliances)
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob
14. MOTHER'S MAIDEN NAME: Leah Lox

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY No.: 216-01-8604
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY — Interval Between Onset And Death: 2 DAYS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from June 29, 1953, to June 30, 19 53, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 7-1-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-2-53
NAME OF CEMETERY OR CREMATORY: Hebrew Friendship Cemetery
LOCATION (City, town, or county): Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR: 7/2/53
REGISTRAR'S SIGNATURE: H W Hedrick
24. FUNERAL DIRECTOR: Jack Lewis Inc., 2100 Eutaw Place
ADDRESS: Baltimore, Maryland

Dmd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

65839

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitemarsh; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Red Lion Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balt; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitemarsh; STREET ADDRESS (If rural give location) Red Lion Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) G. (Last) Knight

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 22-1879

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawmill operator

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Knight

14. MOTHER'S MAIDEN NAME: Ada Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-32-4636

17. INFORMANT: Mrs Wm G Knight Red Lion Rd Whitemarsh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease (c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 1 year.

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: none.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to June 6, 1953, that I last saw the deceased alive on June 6, 1953, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry R Beck M D — ADDRESS 901 Fuselage Av. Baltimore 26 Md — DATE SIGNED 6/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/11/53 — NAME OF CEMETERY OR CREMATORY: Camp Chapel Meth Cem — LOCATION (City, town, or county) (State): Balto Md

DATE RECD BY LOCAL REG. 6/9/53 — REGISTRAR'S SIGNATURE: A. W. Dodd

24. FUNERAL DIRECTOR — ADDRESS: Lansdale Funeral Home 7401 Belair Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(C5841)

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 124 Linhigh Ave	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea; STREET ADDRESS (If rural give location) 124 Linhigh Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
August	E	Koehler	June	8	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE (last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	White	Widower	Oct 30-1881	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Lawyer		Germany	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernest Koehler	—

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	213-10-2054	Miss Ernestine Koehler 124 Linhigh Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
421 Immediate cause	(a) Coronary Thrombosis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocardiolis	1951
	(c) Arteri Sclerosis	1951
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from March 20, 1953, to June 5, 1953, that I last saw the deceased alive on June 8, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edwin H. Bruun		1 W. Overlea Ave Balto Md	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/10/53	Oak Lawn Cem	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/9/53	A. W. Hedrick	Lansdale Funeral Home	7401 Belair Rd

VS. A15

Item 21 Film G154 6-16-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

15341

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bauernschmidt Manor
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS middle River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 716 N. Milton Avenue

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Gerard (Last) Kraft
4. DATE OF DEATH: (Month) June (Day) 6, (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: Aug. 2, 1879
9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired tailor
10b. KIND OF BUSINESS OR INDUSTRY: Lebow Bros.
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Marie Kral Kraft, wife, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY River
(CITY OR TOWN) Essex (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 6-6-53 5 p m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? drowning - found drowned

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* X, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
William V. Lovitt MD Asst Medical Examiner — 6-7-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 10, 1953
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
LOCATION (City, town, or county) (State) Horner's Lane, Balto. Md.

DATE REC'D BY LOCAL REG. 6/7/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR — ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U S42

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 500 Bloomingdale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 500 Bloomingdale Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ronald (Middle) A. Krebs (Last)

4. DATE OF DEATH: (Month) June (Day) 19/53 (Year) 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	March 20, 1953	3 mos. // yrs.	3			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Balto. Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Krebs	Rose Rosalie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Catonsville Joseph Krebs, 500 Bloomingdale Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
756.2 Immediate cause	(a) Liver cirrhosis	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) congenital anomaly of bile ducts	3 mos
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 19 58, to June 19 53, that I last saw the deceased alive on June 16, 1953, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

SIGNATURE Walter Brown, M.D. (DEGREE OR TITLE) ADDRESS 1104 N. Calvert Street (2) DATE SIGNED 6/19/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 20/53	New Cathedral	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/20/53	V.E. Harry	Harry A. Whitfield	4101 Edmondson Ave

VS 1 T

2033364393

RECEIVED
JUN 22
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

5543

Reg. Dist. No. 4-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus; LENGTH OF STAY (in this place) 50; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1538 Sulphur Spring Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus Md.; STREET ADDRESS (If rural, give location) 1538 Sulphur Spring Road

3. NAME OF DECEASED (Type or Print): (First) Matilda (Middle) (Last) Krueger

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 4-1878

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gustav Schmelzun

14. MOTHER'S MAIDEN NAME: Weimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none (If year, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: William Schmelzun, 1538 Sulphur Spring Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Uremia — Interval Between Onset and Death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio-Sclerotic Cardio Vascular Disease — 6 yrs.?

(260) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 yrs?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19 45, to June 8, 1953, that I last saw the deceased alive on June 8, 1953, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Earl Pass, M.D. ADDRESS 4001 Wilkens Ave DATE SIGNED 6-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE June 11-1953 | NAME OF CEMETERY OR CREMATORY Westview | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR June 11, 53 | REGISTRAR'S SIGNATURE Leo Lieffer

24. FUNERAL DIRECTOR George E. Schwab ADDRESS 401 Brooks Ave

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JONES CREEK (19) | LENGTH OF STAY (In this place) 10 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7405 BAYFRONT Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAME (BALTIMORE 19)
STREET ADDRESS (If rural, give location) SAME

3. NAME OF DECEASED (Type or Print): (First) CARL (Middle) REXFORD (Last) LAYMAN

4. DATE OF DEATH: (Month) 6 (Day) 23 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 2 FEB. 1899

9. AGE last birthday: 54 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY L. LAYMAN

14. MOTHER'S MAIDEN NAME: IDA BLOXHAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 163-16-6788

17. INFORMANT: LUELLA C. LAYMAN — WIDOW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.1

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Myocardial Infarction
(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 6/24/53

23. BURIAL, CREMATION or REMOVAL (Specify) BURIAL | DATE THEREOF 6-27-53 | NAME OF CEMETERY OR CREMATORY JERRY TOWN | LOCATION (City, town, or county) (State) JERRYTOWN, PENNA.

DATE REC'D BY LOCAL REG. 6-25-53 | REGISTRAR'S SIGNATURE Lawson T. Harbin | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible]

ECEIVED
JUN 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05845

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARTIN RESERVE FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Balto. — LENGTH OF STAY (in this place) 45 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Balto.
STREET ADDRESS (If rural give location) Sally Hill Rd Towson

3. NAME OF DECEASED: (Type or Print) (First) Lina (Middle) Barbara (Last) Leonhardt

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 19 53

5. SEX: Fem

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: June 15, 1876

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Frank Kemper

14. MOTHER'S MAIDEN NAME: Anke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No. No

17. INFORMANT & ADDRESS: Daughter Sally Hill Rd. Mrs. P. Taylor

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) ..... DUE TO Cerebrovascular Hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO Hypertension with Arteriosclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953 to June 4, 1953, that I last saw the deceased alive on June 4, 1953, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] M.D. 9005 Harford Rd.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 8-1953 — NAME OF CEMETERY OR CREMATORY Parkwood Cemetery — LOCATION (City, town, or county) Balto — (State) Md

DATE REC'D BY LOCAL REGISTRAR June 6, 1953 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR L.J. Ruck — ADDRESS 5305 Harford Rd.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (6846)

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Fort Howard
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1633 Spence Street

3. NAME OF DECEASED: (Type or Print) (First) CARL (Middle) A. (Last) LIEBMAN

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-24-93

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Paper carrier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Holland

12. CITIZEN OF WHAT COUNTRY? Dutch.

13. FATHER'S NAME: Albert Liebman

14. MOTHER'S MAIDEN NAME: Henriette Hiemann

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Yes ✓ (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.0

Immediate cause — (a) LYMPHATIC LEUKEMIA, ACUTE — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) EMPYEMA, RIGHT, PNEUMOCOCCIC — UNKNOWN

DUE TO

(c) ANEMIA, SECONDARY, SEVERE — UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-26-53

19b. MAJOR FINDINGS OF OPERATION: Closed catheter drainage 6-24-53 Thoracentesis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1953, to June 29, 1953, [redacted] and that death occurred at 9:05 A.M., from the causes and on the date stated above.

SIGNATURE Joseph M. Miller (Degree or title) ADDRESS DATE SIGNED

JOSEPH M. MILLER, M. D., Chief, Surgical Service, VAH, Fort Howard, Md. 6-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/1/53

NAME OF CEMETERY OR CREMATORY: Meadowridge Memorial Park Inc.

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR: 6/30/53

REGISTRAR'S SIGNATURE: H W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Wm. J. Tickner & Sons Inc. North & Pa. Aves., Baltimore, Maryland

05847

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sparks
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belfast Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks
STREET ADDRESS (If rural, give location) Belfast Rd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Emory (Last) Lloyd.

4. DATE OF DEATH: (Month) 19 (Day) June (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 29 Sept. 1873

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Glencoe, Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Lloyd.

14. MOTHER'S MAIDEN NAME: Pearce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Son - Arthur Lloyd - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Decompensation	6 mons
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio-sclerotic Heart disease	Unknown
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1953, to June, 1953, that I last saw the deceased alive on 16 June, 1953, and that death occurred at 6:20 P.m., from the causes and on the date stated above.

SIGNATURE Walter T. Lees (DEGREE OR TITLE) M.D. ADDRESS Cockeysville Md. DATE SIGNED 19 June 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 6-22-53

NAME OF CEMETERY OR CREMATORY Cedar Grove U.B.

LOCATION (City, town, or county) (State) Mt. Carmel, Md.

DATE REC'D BY LOCAL REG. 20 June 53

REGISTRAR'S SIGNATURE Anna Annis Read MacRae

24. FUNERAL DIRECTOR ADDRESS J. Scott Brooks, Sparks, Md.

RECEIVED
JUN 22 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05848

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cockeysville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Cockeysville Road

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Anne (Last) Long

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 16, 1870

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Lindmon

14. MOTHER'S MAIDEN NAME: Margaret Fawcett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT'S ADDRESS: Wm A. Long. Cockeysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

Immediate cause (a) Arteriosclerotic cardio-vascular disease — Interval Between Onset and Death: years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946 to June 21, 1953, that I last saw the deceased alive on June 21, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Elizabeth B. Merrill, M.D. ADDRESS Cockeysville, Md. DATE SIGNED 6/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 6-24-53 — NAME OF CEMETERY OR CREMATORY Jessops Methodist — LOCATION (City, town, or county) (State) Sparks, Md.

DATE REC'D BY LOCAL REG. 23 June 53 — REGISTRAR'S SIGNATURE Anna Armistead MacRae — 24. FUNERAL DIRECTOR J. Scott Brooks — ADDRESS Sparks, Md.

Form A-15

RECEIVED
JUN 25 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05849

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuba Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Cuba Rd.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) C. (Last) Madden
4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 1, 1874
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farms
11. BIRTHPLACE (State or foreign country): Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Eliza Madden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Catherine Madden - Cockeysville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	50 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prostatic Hypertrophy	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the ~~death but not~~ related to the disease or condition causing death. Perincious Anemia — 9 yrs.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): not an injury
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): not an injury
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? not an injury

22. I hereby certify that I attended the deceased from 12-13-, 1944, to 6-5-, 1953, that I last saw the deceased alive on 5-30-, 1953, and that death occurred at 6:40 P.m., from the causes and on the date stated above.

SIGNATURE: J. D. Taylor, (Degree or title) M.D. ADDRESS: 6 Hanover Rd., Reisterstown, Md. DATE SIGNED: 6-5-'53

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 6/7/53
NAME OF CEMETERY OR CREMATORY: Gough's
LOCATION (City, town, or county) (State): Cockeysville, Md.

DATE REC'D BY LOCAL REG.: 6/8/53
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Wm. I. Chatman, Jr. ADDRESS: 1201 McCulloh St. Balto. Md.

VS-A15

JT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1953)

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Balto — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home Paradise & Fairmont Aves

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Balto

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne

STREET ADDRESS (If rural, give location) 248 Clyde Ave

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) S (Last) Magee

4. DATE OF DEATH: (Month) June (Day) 27th (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	2/18/1865	88 yrs.	4	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Unknown) Jones

14. MOTHER'S MAIDEN NAME: Un Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Jas. H. Magee 112 E. Randall st.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Arteriosclerotic Cardiovascular Disease — Interval between onset and death: 3 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized Arteriosclerosis — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 24, 1950, to June 27, 1953, that I last saw the deceased alive on June 24, 1953, and that death occurred at 6:20 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

C. Arthur Rossberg M.D. 2436 Washington Blvd Balto 30 Md. 6/29/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/29/53	Loudon Park	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
June 29, 1953	A.W.Hedrich	Wm Cook Inc. 1217 St. Paul st.

dmr.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 053551

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Helen E. May

2. DATE OF DEATH: June 23, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore County 6023 Gwynn Oak Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 15
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6023 Gwynn Oak Ave.

c. Length of stay in Baltimore: Yrs. Life Mos. Days

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Married	May 31, 1896	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Hoskins Morgan

14. MOTHER'S MAIDEN NAME: Florence Woodward

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: ----

17. INFORMANT ADDRESS: Walter H. May, 6023 Gwynn Oak Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.
DUE TO
ANTECEDENT CAUSES
(B)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Bronchopneumonia — 3 days

19A. DATE OF OPERATION: April 1950

19B. MAJOR FINDINGS OF OPERATION: Metastatic cancer in lymph node

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 8, 1950 *to* June 23, 1953 *that I last saw the deceased alive on* June 23, 1953, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Herbert M. Gundersheimer, Jr. M. D.

23B. ADDRESS: Riviera Apts. Lake Drive

23C. DATE SIGNED: June 24, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: June 26, 1953

24C. NAME OF CEMETERY OR CREMATORY: Woodlawn

24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: 6/26/53

REGISTRAR'S SIGNATURE: A. W. Hedrick - asst

25. FUNERAL DIRECTOR: Ellsworth Funeral Home

ADDRESS:

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15852

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Items: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Annie C. M. Cormier

2. DATE OF DEATH: 6-30-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hosp.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Co.
D. STREET ADDRESS (If rural, give location): 6311 Erdman Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1876
9. AGE (In years last birthday): 77
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Gavner
14. MOTHER'S MAIDEN NAME: Ann Cahill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Rev. John P. McCormier ADDRESS: 6311 Erdman Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardio-Vas-
DUE TO cular Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
(B) Diabetes Mellitus — 10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1, 1953, to 6-30, 1953, *that I last saw the deceased alive on* 6-29, 1953, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23A. SIGNATURE: [signature] M. D.
23B. ADDRESS: 11 E Chase St
23C. DATE SIGNED: 7-1-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7-3-53
24C. NAME OF CEMETERY OR CREMATORY: Catholic Cem.
24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: 7/2/53
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

53

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (In this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1264 Haddaway Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point (19)
STREET ADDRESS (If rural, give location) 1264 Haddaway Road

3. NAME OF DECEASED (Type or Print): (First) DANIEL (Middle) (Last) McQUADE

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 11-22-53

9. AGE last birthday ——— yrs. If under 1 year: Months 7 Days 8 — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARTIN M. McQUADE

14. MOTHER'S MAIDEN NAME: ELIZABETH BLACKHURST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MARTIN M. McQUADE — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

71 X

Immediate cause (a) Malnutrition

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple ulcers of buttocks and perineum

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE William H. Smith M.D. (Degree or title) ADDRESS 700 Fleet St., Baltimore 2, Md. DATE SIGNED 7/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 7-3-53

NAME OF CEMETERY OR CREMATORY BALTO. NATIONAL

LOCATION (City, town, or county) (State) BALTIMORE, MD

DATE REC'D BY LOCAL REG. July 3-53

REGISTRAR'S SIGNATURE Dawson L. Parker

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

VS/ATBA

20 X 2223406

RECEIVED
JUL 6 1953
BUREAU M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

54

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore Washington Expressway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 827 W. Barre Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) METZGER, JR.
4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Dec. 19, 1929
9. AGE last birthday: 23 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Metzger, Sr.
14. MOTHER'S MAIDEN NAME: Gladys E. Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: John Metzger, Sr., 827 Barre Street - West

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound of head

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway — (CITY OR TOWN) (COUNTY) (STATE): Lansdowne, Baltimore County, Maryland
TIME (Month) (Day) (Year) (Hour) OF INJURY: Found 6/4/53 1:00 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Shot in head

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: William Wood — (Degree or title) — ADDRESS: 700 Fleet Street, Baltimore 2, Md. — DATE SIGNED: 6/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 6/8/53 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6-7-53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Wm. Cook Inc. — ADDRESS: 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 mo 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 5312 Ethelbert Ave.

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) (Carrie) (Last) Miller

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 23, 1874

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? UNKNOWN

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE.

17. INFORMANT & ADDRESS: LENA WEST 5312 ETHELBERT BALTO MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) CEREBAL ARTERIOSCLEROSIS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) WITH CEREBRAL HEMMORRHAGE

DUE TO

(c) WITH SENILE CHANGES (generalized).

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. DEHYDRATION

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1952 to June 8, 1953, that I last saw the deceased alive on June 8, 1953 and that death occurred at 7.25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Spring Grove State Hospital, Catonsville, Md ADDRESS J R Conrad M.D. DATE SIGNED 6/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 11-1953

NAME OF CEMETERY OR CREMATORY St. Marys (Hampden)

LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 6-10-53

REGISTRAR'S SIGNATURE —L

24. FUNERAL DIRECTOR Burgee Funeral Home ADDRESS 3631 Falls Road
Horace F. Burgee

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05556

CERTIFICATE OF DEATH

B. C Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Nursing Home 5313 Edmondson Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 914 Harlem Avenue

3. NAME OF DECEASED: (Type or Print) (First) GOLDIE (Middle) (Last) MILLER

4. DATE OF DEATH: (Month) June (Day) 17, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: About 1860

9. AGE last birthday: About 93 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Sewing Factory

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ---

14. MOTHER'S MAIDEN NAME: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Mrs. Mabel Black, 411 Hawthorne Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

Immediate cause (a) Arteria Salerstia C.V.D — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteria Sclerosis.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12-, 1953 to 6-17-, 1953, that I last saw the deceased alive on 6-16-, 1953, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE James Howard DEGREE OR TITLE MD ADDRESS Catonsville DATE SIGNED 6-17

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF 6/18/53

NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery

LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. 6-17-53

REGISTRAR'S SIGNATURE A. W. Fedrick M.H.

24. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc, 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 US557

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 Glenwood ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 18 Glenwood ave

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) A. (Last) Miller.

4. DATE OF DEATH: (Month) 6 (Day) 15 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 15, 1878

9. AGE last birthday: 75 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Steel worker, Contractor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ky.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ✓

14. MOTHER'S MAIDEN NAME: ✓

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Miss Peggy Miller.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

177X

Immediate cause (a) Carcinoma of the

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prostate with Metastases

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the Prostate

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1950, to June, 1953, that I last saw the deceased alive on 8 June, 1953, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W E McGrath M.D. ADDRESS 1707 Edmondson Ave Catonsville 28 MD DATE SIGNED June 15 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 17 53 — NAME OF CEMETERY OR CREMATORY Cathedral — LOCATION (City, town, or county) Balto. — (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/16/53 — REGISTRAR'S SIGNATURE W E Harry

24. FUNERAL DIRECTOR Mc Nabb & Son — ADDRESS Catonsville

VS-A15 (7)

JUN 18

115858

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nursing Home Inglenook + Edmondson

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 138 Morley st

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) [illegible] (Last) Miller
4. DATE OF DEATH: (Month) June (Day) 13, (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Sept 10 1860
9. AGE last birthday: 92 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Shoemaker
11. BIRTHPLACE (State or foreign country): Balto md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas Miller
14. MOTHER'S MAIDEN NAME: Margaret [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: 32 17 Stafford St — Mrs Ida Fuller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Acute Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cardio Vascular disease
(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Jos. L. McKieffer MD Balto 1010 Leeds ave June 13, 53

FINAL DISPOSITION (Burial, Cremation, Removal, Specify) Burial — DATE THEREOF June 16 53 — NAME OF CEMETERY OR CREMATORY London Park — LOCATION (City, town, or county) (State) Balto md

DATE RECD BY LOCAL REG. 6/15/53 — REGISTRAR'S SIGNATURE V E Harry — 24. FUNERAL DIRECTOR Hull Bros — ADDRESS 3109 N. Charles

MARGIN RESERVED FOR BINDING

MAINLY WITH UNFADING INK. Supply every item of information carefully. The correct ... specially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

RECEIVED
IN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4r

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LANSDOWNE 27 — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS AT HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY 1
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LANSDOWNE 27 Md
STREET ADDRESS (If rural, give location) 3027 Hoffman ave.

3. NAME OF DECEASED (Type or Print): (First) VERONICA (Middle) (Last) MOGOWSKI
4. DATE OF DEATH: (Month) 6 (Day) 26 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	MARRIED	1898	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? Polish

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: STANISLAUS MOGOWSKI 3027 Hoffman ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — Interval between onset and death: 3 yrs

4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1953, to June 26, 1953, that I last saw the deceased alive on June 22, 1953, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
No Burial	6/29/53	Holy Rosary	7335 Harman Hill Rd.

DATE REC'D BY LOCAL REG. 6/26/53 — REGISTRAR'S SIGNATURE A. C. Hudson — 24. FUNERAL DIRECTOR AND ADDRESS George R. Weber 705 E Lanvale

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

3360

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY—WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale, Balto Co
LENGTH OF STAY (In this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 Pulaski Hy

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) ~~Mae~~ (Last) Mathios

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 53

5. SEX: Fem.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feby 7/1901

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Gloucester, Ohio,

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Steele.

14. MOTHER'S MAIDEN NAME: Thorn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Ann Jennings (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3-1X

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Instant

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour): Dead 6 13 1953 9 A. m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

J. McLarmore M.D. Deputy Medical Examiner Balto. Co. Randallstown Md 6/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/16/53

NAME OF CEMETERY OR CREMATORY: Parkwood

LOCATION (City, town, or county): Balto (State): Md.

DATE REC'D BY LOCAL REG.: June 13-1953

REGISTRAR'S SIGNATURE: Mrs. Mary D. Reifsnider

24. FUNERAL DIRECTOR: Lansdale Funeral Home ADDRESS: 749 S. Belair

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]561

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 29yrs.5mos.15days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) John (Middle) F. (Last) Murphy
4. DATE OF DEATH: (Month) June (Day) 30, (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 6-25-1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Patrick A. Murphy
14. MOTHER'S MAIDEN NAME: Mary E. Murphy
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cardiorespiratory failure DUE TO	Hrs. -
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Cachexia DUE TO	6 mo
	(c) Carcinoma of prostate with metastasis	over 6 mo

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-16- ,19 53 to 6-30- ,19 53, that I last saw the deceased alive on 6-30- ,19 53, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B. Hermann-Freund MD ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 6-30-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 4, 1953 NAME OF CEMETERY OR CREMATORY St. Josephs LOCATION (City, town or county) Govpet (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/2/53 REGISTRAR'S SIGNATURE T. E. Harry

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 562

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Fix correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Owings Mills
LENGTH OF STAY (in this place): 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finksburg,
STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Lynn (Last) Myers

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 6-19-52

9. AGE last birthday: yrs. 21 — IF UNDER 1 YEAR: Months 11 — IF UNDER 24 HRS.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): patient

10b. KIND OF BUSINESS OR INDUSTRY: patient

11. BIRTHPLACE (State or foreign country): Maryland - Frederick Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Everett Allen Myers

14. MOTHER'S MAIDEN NAME: Betty Jane Jusbaum Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Institution records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491 X

Immediate cause (a) Broncho pneumonia- bilateral — Interval Between Onset and Death: 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Mongolism- — since birth

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21, 19 53, to 6-9-, 19 53, that I last saw the deceased alive on 6-9-53, 19, and that death occurred at 3:50 P. m., from the causes and on the date stated above.

SIGNATURE: Viola B. Johns — (DEGREE OR TITLE) M.D. — ADDRESS: Rosewood, Owings Mills, Md. — DATE SIGNED: 6-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 11, 53 — NAME OF CEMETERY OR CREMATORY: Meadow Branch — LOCATION (City, town, or county) (State): Rural, Westminster Md.

DATE REC'D BY LOCAL REG. 6-10-53 — REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR — ADDRESS: J. E. Myers Jr. Westminster Md.

20652 28495

VS. A1 (Rev. 1-51)

RECEIVED
JUN 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45 15863

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balt. 20 — MARYLAND — CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Balt. — LENGTH OF STAY (in this place) 24 hrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Ba — CITY OR TOWN Gray Manor — STREET ADDRESS (If rural give location) 118 New Battle Grn

3. NAME OF DECEASED: (First) Mary (Middle) M (Last) Nelson — (Type or Print)

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1953

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow — 8. DATE OF BIRTH: Feb 27 1882 — 9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): at home — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Don't Know — 14. MOTHER'S MAIDEN NAME: Don't Know

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: — 17. INFORMANT & ADDRESS: Rev. J. Richmond Trapp Rest

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

33/X

Immediate cause (a) CEREBRAL HEMORRHAGE — 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ARTERIOSCLEROSIS, Generalized

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/18, 1953, to present, 19, that I last saw the deceased alive on 6/18, 1953, and that death occurred at 5:45 PM, from the causes and on the date stated above.

SIGNATURE Joseph Jamen (Degree or title) MD. — ADDRESS 30 Clendale Rd Balto 20 — DATE SIGNED 6/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 22/53 — NAME OF CEMETERY OR CREMATORY Loud Heart — LOCATION (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REGISTRAR June 25, 1953 — REGISTRAR'S SIGNATURE Erich Hurley

24. FUNERAL DIRECTOR Welland Funeral Home — ADDRESS 2112 Dundalk

VS. A15

RECEIVED
UN 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville- rural Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bonnie View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3706 Chatham Road

3. NAME OF DECEASED (Type or Print): (First) ELISE (Middle) CHRISTINE (Last) NEUN

4. DATE OF DEATH: (Month) (Day) (Year) June 23, 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Jan. 25, 1865

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Emmert

14. MOTHER'S MAIDEN NAME: Augusta Sachs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: 3706 Chatham Road — Mrs. George C. Wiedersum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH: 2 day

442X Immediate cause (a) Pulmonary Edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Renal disease

(c) Arterial Sclerosis with

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Dry Gangrene of toes (Senile)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15/53 to 6/23/53, that I last saw the deceased alive on 6/19/53, and that death occurred at 6:50 P m., from the causes and on the date stated above.

SIGNATURE Chas A Cahn (Degree or title) M.D. ADDRESS 2145 W Baltimore St DATE SIGNED 6/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: 6/27/53

NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6/26/53

REGISTRAR'S SIGNATURE: C. W. Hudson

24. FUNERAL DIRECTOR & ADDRESS: HENRY SANDER & SONS, INC. BALTO., 13, MD. Henry A. Sander

Dr. Wilmer K. Callager - 1 P.M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: House in the Pines, 16 Fustin; Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: none
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3431 Guilford Terrace

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Boyd (Last) Newbold

4. DATE OF DEATH: (Month) June (Day) 20, (Year) 1953

5. SEX: male Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: August 10, 1870

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive, Street Lighting

10b. KIND OF BUSINESS OR INDUSTRY: Wellsbach Corp.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: David N. Newbold

14. MOTHER'S MAIDEN NAME: Eliza Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Alma S. Newbold 3431 Guilford Terrace Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Chr. Hypertensive Cardio-Vascular Disease — Interval between onset and death: 8 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) senility — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-19, 1953, to 6-20, 1953, that I last saw the deceased alive on 6-20, 1953, and that death occurred at 10:10 m., from the causes and on the date stated above.

SIGNATURE: Wilmer K. Callager M.D. (Degree or title) ADDRESS: 6209 Frederick Ave., Catonsville DATE SIGNED: 6-22-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6 - 23 - 53 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6/24/53 — REGISTRAR'S SIGNATURE: A. W. Hedrick JT

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place Baltimore

W. B. Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

115866

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson - rural Baltimore
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8157 GlenGary Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson - rural Baltimore
STREET ADDRESS (If rural, give location) 8157 GlenGary Road

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) FREDERICK (Last) NINGARD

4. DATE OF DEATH (Month) June (Day) 24, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 1/20/1890

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Web pressman

10b. KIND OF BUSINESS OR INDUSTRY: Newspapers

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Ningard

14. MOTHER'S MAIDEN NAME: Mary Ellen Kesler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 215-03-9153

17. INFORMANT AND ADDRESS: Mrs. Anna E. Ningard, 8157 GlenGary Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Instant

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Heart Disease — 3 yrs.

(c) Coronary Thrombosis 3 yrs ago recovered

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Bronchitis & Asthma. — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1950 to 6-24-, 1953 that I last saw the deceased alive on 6-24-, 1953 and that death occurred at 12 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert H. Hine M.D. ADDRESS 310 S. Charles St. DATE SIGNED 6-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: 6/27/53

NAME OF CEMETERY OR CREMATORY: Baltimore cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/26/53

REGISTRAR'S SIGNATURE: a. W. Hedrick

24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. ADDRESS: BALTO. 13, MD.

ITEMS: 8,9: film G155 6-30-53 L (affidavit of son of deceased)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05567

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 8 MOS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALT. CITY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE, 15,
STREET ADDRESS (If rural give location) 4231 ROLAND VIEW AVE

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) A. (Last) OKEN
4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARR.
8. DATE OF BIRTH: 26 9 1891
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months 8 Days 10 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): GROCER
10b. KIND OF BUSINESS OR INDUSTRY: GROCERY
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: EDWARD OKEN
14. MOTHER'S MAIDEN NAME: SARA FISCHMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT & ADDRESS: RECORDS - SPRING GROVE STATE HOSP.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARDIO-RESPIRATORY FAILURE
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CEREBRAL - VASCULAR HEMORRHAGE
DUE TO
(c) HYPERTENSIVE CARDIO-VASCULAR DISEASE

Interval Between Onset And Death: 33 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 13 NOV. 1952, to 6 JUNE, 1953, that I last saw the deceased alive on 6 JUNE, 1953, and that death occurred at 2 55 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) North Wilkinson M.D. ADDRESS Spring Grove State Hosp. DATE SIGNED 6 JUNE 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-7-1953
NAME OF CEMETERY OR CREMATORY Mt. Carmel
LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
34. FUNERAL DIRECTOR Jack Lewis Inc
ADDRESS 2100 Eutaw Pl.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LANSDOWNE
LENGTH OF STAY (In this place): 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2621 BRAUN AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LANSDOWNE
STREET ADDRESS (If rural, give location): 2621 BRAUN AVE.

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) ANNA (Last) PAUL

4. DATE OF DEATH: (Month) JUNE (Day) 23 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: DEC. 23 1875

9. AGE last birthday: 77 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: MAXIMILIAN LOEBLE

14. MOTHER'S MAIDEN NAME: REBECA. [redacted] N6Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-24-3495

17. INFORMANT: EARL L. PAUL 2621 BRAUN AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	3 hours.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) cardiovascular disease	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At Work ☐:

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1953, to June 23, 1953, that I last saw the deceased alive on Jun 23, 1953 and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE: Dr E W Norris (Degree or title)

ADDRESS: 1202 St Paul St Balto 2 Md

DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 26, 1953

NAME OF CEMETERY OR CREMATORY: Western

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6/25/53

REGISTRAR'S SIGNATURE: C W Adkins

24. FUNERAL DIRECTOR: Joseph T. Cowdrey Jr.

ADDRESS: 1526 Edmondson Rd.

VS 1-T

51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]69

CERTIFICATE OF DEATH

Reg. Dist. No. .. ..

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-8

1 PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
MARYLAND
LENGTH OF STAY (in this place) 52 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 630 S. Eaton Street

3. NAME OF DECEASED: (Type or Print) (First) PETER (Middle) (NMI) (Last) PUCCI, JR.

4. DATE OF DEATH: (Month) June (Day) 2, (Year) 1953

5. SEX: MALE Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/31/27

9. AGE Last birthday: 25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Social Security Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Pucci, Sr.

14. MOTHER'S MAIDEN NAME: Anna Biscotti

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: 219-16-2749

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
592 x
Immediate cause (a) CHRONIC NEPHRITIS.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death: Unk.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11, 1953, to June 2, 1953, [illegible] and that death occurred at 10:20 A.M. from the causes and on the date stated above.
SIGNATURE F. G. Dickey (Degree or title) ADDRESS DATE SIGNED
FRANCIS G. DICKEY, M.D., Chief, Medical Service, VAH, Fort Howard, Md. 6/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-5-53.
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR: June 3, 53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS
Charles S. Zeiler, 901 S. Conkling Street
Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (53570)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 101 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1605 John Street

3. NAME OF DECEASED: (First) WARREN (Middle) R. (Last) PYLES

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/29/10

9. AGE last birthday: 42 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Franklin Balmer Co.

11. BIRTHPLACE (State or foreign country): Shade Gap, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Pyles

14. MOTHER'S MAIDEN NAME: Lodema Free

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: 170-12-5455

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

456X

Immediate cause (a) PERIARTERITIS NODOSAE. — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from Mar. 10, 1953, to June 19, 1953, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

William B. VanderGrift, M.D. (Degree or title) — VAH, Fort Howard, Md. (ADDRESS) — 6/19/53 (DATE SIGNED)

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-23-53 — NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cem. — LOCATION (City, town, or county) (State): Pleasant Hill, Penna.

DATE REC'D BY LOCAL REGISTRAR: June 22 53 — REGISTRAR'S SIGNATURE: Dawson L. Harber — 24. FUNERAL DIRECTOR — ADDRESS: John Agaett Funeral Home, Dry Run, Penna.

VS. 15

RECEIVED
JUN 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]571

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Aigburth Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 4 Aigburth Road

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) SIMON (Last) REIER

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 16, 1885

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Butcher-retired

10b. KIND OF BUSINESS OR INDUSTRY: Retail Butcher

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Reier

14. MOTHER'S MAIDEN NAME: Mary E. Steigler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. H. S. Reier, Towson, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death
(a) 30 minutes
(b) 5 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1936, to 12 June, 1953 that I last saw the deceased alive on 12 June, 1953, and that death occurred at 11 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H Reier ADDRESS 6701 York Rd Balto 12 Md DATE SIGNED 13 June 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 15, 1953
NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery
LOCATION (City, town, or county) (State) Pikesville, Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR June 14, 1953
REGISTRAR'S SIGNATURE Mabel C. Gray M.D.

24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Maryland

RECEIVED
3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 572

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore Co. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (In this place) 10 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 404 Rt. 13

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX — STREET ADDRESS (If rural give location) 212 HELENA Rd.

3. NAME OF DECEASED (Type or Print): (First) EARL (Middle) PHILIP (Last) REINHALTER

4. DATE OF DEATH: (Month) JUNE (Day) 27, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 4-8-1922

9. AGE last birthday: 31 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AVIATION ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY: GLENN L. MARTIN

11. BIRTHPLACE (State or foreign country): BALTO MD.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: PHILLIP J. REINHALTER

14. MOTHER'S MAIDEN NAME: CATHERINE OSTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES. (If yes, give war or dates of service): II

16. SOCIAL SECURITY NO.: 217-18-6393

17. INFORMANT: MRS. LORETTA J. REINHALTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fourth Degree Burns (Charring) 7

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Entire Body

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Back River Neck Rd — (CITY OR TOWN) — (COUNTY) Balto — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 6-27-53-8:30 PM — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Airplane Crash

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

M Bowers MD — Dep. Med. Exam. — Towson 4 Md — 6/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-30-1953 — NAME OF CEMETERY OR CREMATORY: Balto. National Cem. — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 6-29-53 — REGISTRAR'S SIGNATURE: A.W.HEDRICH — 24. FUNERAL DIRECTOR — ADDRESS: G. Truman Edwards, 3512 FREDERICK AVE.

DMR. ✓

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. | COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2108 Eagle St.

3. NAME OF DECEASED: (First) Rudolph (Middle) (Last) Renker
4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify):
8. DATE OF BIRTH: 6/25/1893
9. AGE last birthday: 89 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Piano Maker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Renker
14. MOTHER'S MAIDEN NAME: Eva Margaret ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
450.0 Immediate cause	(a) Generalized severe arteriosclerosis	7 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Senility	7 yrs.
DUE TO	(c) Anemia	yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13, 1953, to 6/13, 1953, that I last saw the deceased alive on 6/13, 1953, and that death occurred at 5 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph D. Lichtenberg, M.D.
ADDRESS: Spring Grove St. Hosp. Catonsville 141
DATE SIGNED: 6/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 6/16/53
NAME OF CEMETERY OR CREMATORY / LOCATION (City, town, or county) (State): University Med. School Balto City Md

DATE REC'D BY LOCAL REGISTRAR: 6/16/53
REGISTRAR'S SIGNATURE: V. E. Harry
24. FUNERAL DIRECTOR: Frances G. Hemsley
ADDRESS: 578 Biddle St

VS. 115

JUN 18 1953

Item 21 Film G154 6-16-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

574

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh — MARYLAND — LENGTH OF STAY (In this place) — HOSPITAL, INSTITUTION OR STREET ADDRESS Balto. Blvd Rd. at Gunpowder Falls Bridge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia 24 — STREET ADDRESS (If rural, give location) 2357 N. Park ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Roberts

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 53

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: ?

9. AGE last birthday: 33 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Press Operator

10b. KIND OF BUSINESS OR INDUSTRY: Build. Mat. Co.

11. BIRTHPLACE (State or foreign country): Allendale, S Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 247-16-5792

17. INFORMANT AND ADDRESS: Louise Roberts (Wife) above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

116X **Immediate cause** (a) Compound Comminuted Fracture

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Skull (Crushed)

(c) Left arm severed at Shoulder

INTERVAL BETWEEN ONSET AND DEATH: Instantly

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: On Rt 40, Gunpowder Falls, Balto. Md

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): June 7 53 4 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Auto accident in collision with G M C Truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J M Mearnine M.D. (Degree or title) — ADDRESS: Deputy Medical Examiner Balto. Co. Dundalk 22 Md — DATE SIGNED: June 7/53

21. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 11-53

NAME OF CEMETERY OR CREMATORY: Halethorpe Cem.

LOCATION (City, town, or county) (State): Halethorpe, Md.

DATE REC'D BY LOCAL REG. 6/8/53

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: John G. Connelly

ADDRESS: Emory

JT

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11875

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 mos. 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) M. (Last) Roddy

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-1-1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Simon G. Roddy

14. MOTHER'S MAIDEN NAME: Susan Jackson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cardiac failure — Interval Between Onset And Death: 1 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic heart disease — Years

DUE TO

(c) Generalized arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-8- ,19 53, to 6-29- ,19 53, that I last saw the deceased alive on 6-29-5, 1953, and that death occurred at 11:40 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Elkin B Heumann-Knew MD ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 6-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/2/53 NAME OF CEMETERY OR CREMATORY St. Anthony's Cem. LOCATION (City, town, or county) Emmittsburg, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 7-1-53 REGISTRAR'S SIGNATURE A. W. Hedrich dmr

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto. 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pinehurst — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6312 Bellona Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pinehurst
STREET ADDRESS (If rural, give location) 6312 Bellona Ave.

3. NAME OF DECEASED (Type or Print): (First) REGINA (Middle) T. (Last) ROSENSTEIN
4. DATE OF DEATH: (Month) June (Day) 6, (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 14, 1897
9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Guenther
14. MOTHER'S MAIDEN NAME: Emma Lawson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr. R. Eugene Rosenstein-6312 Bellona Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart disease, coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	1 yr +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin A. Hudson (Degree or title) M.D. P.M.E. ADDRESS Town Md. DATE SIGNED 6/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 6/8/53
NAME OF CEMETERY OR CREMATORY: Lake View Cem.
LOCATION (City, town, or county) (State): Jamestown, N. Y.

DATE REC'D BY LOCAL REG. 6/8/53
REGISTRAR'S SIGNATURE a w Hedrick
24. FUNERAL DIRECTOR: Wm. J. Lichener & Sons ADDRESS Balto. 17, Md.

VS. 1

Item. 21 Film G154 6-16-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto. Co. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 1505 N. Potomac st

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Woodrow	Wilson	Sands	6	5	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	1/4/1917	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill Wright	Beth. Steel Co.	Iaeger Va.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin L. Sands	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes W.W. #2	223-12-7699	Gertrude M. Sands 1 S. Keyser Rd. Glenburnie Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
973.1 Immediate cause (a) Carbon Monoxide Asphyxiation	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY truck	(CITY OR TOWN) -	(COUNTY) Balto. Co.	(STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
6-5-53 1:30 p.m.		hose from exhaust pipe to truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE William Wood (Degree or title) ADDRESS — DATE SIGNED 6-6-53

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/9/53	U.S. National	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/8/53	A W [illegible]	[illegible] Funeral Home Inc.	1217 St. Paul st.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 43

78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale | MARYLAND LENGTH OF STAY (In this place) Life | HOSPITAL OR INSTITUTION OR STREET ADDRESS Inwood & Zemi back of home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale STREET ADDRESS (If rural, give location) R# 156 Lennings Lane

3. NAME OF DECEASED (Type or Print): (First) Carol (Middle) John (Last) Sauers

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Feby 27/35

9. AGE Last birthday: 18 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PIECE worker

10b. KIND OF BUSINESS OR INDUSTRY: Fischer body Co.

11. BIRTHPLACE (State or foreign country): BALTO. Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry M. Sauers

14. MOTHER'S MAIDEN NAME: Helen C. Popiacki

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Henry Sauers. 156 Lennings Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation by hanging. — Interval between onset and death: Instantly

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

974X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) Rosedale (In woods) | (COUNTY) Balto Co | (STATE) Md

TIME OF INJURY: (Month) June (Day) 24 (Year) 53 (Hour) A.m. | INJURY OCCURRED While at work ☐ Not while at work ✓ | HOW DID INJURY OCCUR? tied to tree limb. Elastic wire around neck

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓ accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) J. McLearmont M.D. | ADDRESS Deputy Medical Examiner Res Dundalk 22 Md | DATE SIGNED 6/26/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6/27/53 | NAME OF CEMETERY OR CREMATORY Parkwood Cem. | LOCATION (City, town, or county) BALTO. MD. (State)

DATE REC'D BY LOCAL REG. 6/26/53 | REGISTRAR'S SIGNATURE a. U. Adams | 24. FUNERAL DIRECTOR Kassahn Funeral Home | ADDRESS 7401 Belair Rd. BALTO. 6. MD

VS-415A (7-52)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13579

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. Co. | CITY (If outside corporate limits, write RURAL) OR TOWN Middle River | MARYLAND LENGTH OF STAY (in this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS 2008 Brandt Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River Md. | STREET ADDRESS (If rural give location) 2008 Brandt Ave

3. NAME OF DECEASED: (Type or Print) (First) Rosie (Middle) (Last) Semler

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1953

5. SEX: female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: Nov. 20-1883 | 9. AGE last birthday: 70 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11 BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ? | 14. MOTHER'S MAIDEN NAME: Elizabeth Konieski

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: William Semler 2008 Brandt Ave

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary Occlusion	Instant.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Coronary Insufficiency	2 mo
	(c) DUE TO Hypertensive Cardio-vascular disease	5 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to June 16 1953, that I last saw the deceased alive on June 13, 1953, and that death occurred at 10:45 A.M. from the causes and on the date stated above.

SIGNATURE Joseph Mucci (Degree or title) M.D. | ADDRESS 423 Eastern Ave Balto 21 Md | DATE SIGNED 6/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-16-53 | NAME OF CEMETERY OR CREMATORY St Stanislaus | LOCATION (City, town, or county) Balto. | (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/17/53 | REGISTRAR'S SIGNATURE Alex Sadunas Dpty | 24. FUNERAL DIRECTOR C. L. Benzinski | ADDRESS 1407 Eastern Ave Balto Md

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore [illegible]
STREET ADDRESS (If rural give location): 7916 30th Street

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) (NMI) (Last) SEVICK

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-9-94

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Albert Diem

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Sevick

14. MOTHER'S MAIDEN NAME: Anna Pasavid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) √ Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 216-01-4758

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) BRONCHOGENIC CARCINOMA — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) ARTERIOSCLEROTIC CARDIOVASCULAR HEART DISEASE — UNKNOWN

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 19 53, to June 3, 19 53 [illegible] and that death occurred at 4:25 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) FRANCIS G. DICKEY, M. D., Chief, Medical Service, VAH, Fort Howard, Md. — DATE SIGNED: 6-3-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 5, 1953 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/5/53 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Schimunek Funeral Home, 2601 E. Madison St. — ADDRESS: Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05581

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4lyrs.6mos.17days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ?
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) James (Middle) (Last) Simmons
4. DATE OF DEATH: (Month) June (Day) 19, (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	4-24-1880	73 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	-	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Albert Michael Simmons	Grace Agnes Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unk.		Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
470.0 Immediate cause	(a) Hypostatic pneumonia due to cardiac failure	22 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	Years
	DUE TO (c) Generalized arteriosclerosis	Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-29- ,19 53 to 6-19- , 19 53, that I last saw the deceased alive on 6-19- , 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B Herrmann Resident
ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED 6-19-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	6/23/53	University Med School	Balto. City	Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/24/53	T E Harry	Francis G Hemsley	576 N Paddington

RECEIVED
JUN 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]82

CERTIFICATE OF DEATH

Reg. Dist. No. 45[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middleborough
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 324 St George Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middleborough
STREET ADDRESS (If rural, give location) 324 St. George Rd.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Bradfork (Last) Sinclair

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid.

8. DATE OF BIRTH: Dec. 20-1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Tilghmans Island, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Sinclair

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Branch (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: Sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Cardio-Vascular disease — 2 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1953, to June 26, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 10:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Brumgardner M.D. Balto 6 Md. 6/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 6-29-53 — NAME OF CEMETERY OR CREMATORY Methodist Cemetery — LOCATION (City, town, or county) Tilghmans Island — (State) Md

DATE REC'D BY LOCAL REGISTRAR June 29, 1953 — REGISTRAR'S SIGNATURE A.W. Hedrich dar

24. FUNERAL DIRECTOR John G Connelly — ADDRESS 418 Eastern Ave Balto 21, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1.0583

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lochearn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3802 Oak Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lochearn
STREET ADDRESS (If rural give location) 3802 Oak Ave.

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) E. (Last) SLAGLE

4. DATE OF DEATH: (Month) June (Day) 28, (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 20, 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clergyman

10b. KIND OF BUSINESS OR INDUSTRY: Methodist Church

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Slagle

14. MOTHER'S MAIDEN NAME: Mary Rice

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: Mrs. Helen S. Johnson - 3802 Oak Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic Myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death: 6 mos - 5 yrs -

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia 3 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1948, to Jun 22, 1953, that I last saw the deceased alive on Jun 22, 1953, and that death occurred at 8:45 PM, from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D.

ADDRESS 3403 Garrison Blvd

DATE SIGNED Jun 29 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7/1/53

NAME OF CEMETERY OR CREMATORY: Lorraine Cem.

LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/30/53

REGISTRAR'S SIGNATURE: H. W. Hedrick Dpty

24. FUNERAL DIRECTOR: Wm. J. Pickney & Sons

ADDRESS: Balto 17, Md.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS 107 N Essex ave. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anthony	Clyde	Smith	6	6	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Separated	Aug 3-1912	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier	U.S.A.	Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Smith	Stella Fitzmorris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes. WWII	?	Alexander Smith, 107 Essex Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Epilepsy	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
William V. Gorsuch	MD Asst Medical Examiner	6-7-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-9-53	Dalto Natnl	Dalto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/8/53	A W Beasley	H. Brzezynski	407 Eastwind

VS: A15A

51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Leo Gaver

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
STREET ADDRESS (If rural, give location) 34 N. Prospect Ave.

3. NAME OF DECEASED (Type or Print) (First) Harriet (Middle) E. (Last) Smith

4. DATE OF DEATH (Month) 6 (Day) 17 (Year) 53 19

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 3-18-1860

9. AGE last birthday 93 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (State or foreign country) Mexico, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elisha Hamilton

14. MOTHER'S MAIDEN NAME Jane Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Guy Smith 34 N. Prospect Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death about 5 years

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to June 12, 1953, that I last saw the deceased alive on June 12, 1953, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leo J. Gaver M.D. Madison Hill Ave. Baltimore, Md 6/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 20, 53

NAME OF CEMETERY OR CREMATORY Pine Hall Cemetery

LOCATION (City, town, or county) (State) State College Pa.

DATE REC'D BY LOCAL REG. 6/18/53

REGISTRAR'S SIGNATURE T. E. Harris

24. FUNERAL DIRECTOR ADDRESS Mac Nabb & Son Catonsville 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6579

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street address is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills

LENGTH OF STAY (in this place): 26 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville

STREET ADDRESS (If rural give location): Route #2

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Robert	Warren	Smith	June	27	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	single	5-27-41	12 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
patient	none	Aspen Hill, Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Newton Homer Smith	Janet Raney Rabbitt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16 SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Institution records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Broncho-pneumonia	26 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)	Cerebral palsy, bedridden, helpless child	birth
DUE TO (c)		

491X

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-53, to 6-27-53, that I last saw the deceased alive on 6-27, 1953, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Viola B. Johns	M.D.	Rosewood St. Tr. School, Owings Mills	6-27-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 29, 1953	Rockville Union Cemetery	Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-30-53	E. E. Nichols, M.D. (per M.E.N.)	Warner C. Pumphrey	Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]586

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 350 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 8202 Eastern Avenue

3. NAME OF DECEASED: (Type or Print) (First) STANFORD (Middle) (Last) STECKMAN

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-5-93

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Co.

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Steckman

14. MOTHER'S MAIDEN NAME: Clara Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF LEFT LUNG — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-8-52

19b. MAJOR FINDINGS OF OPERATION Exploratory Thoracotomy, Left and Biopsy of the Parietal Pleura and Pericardium

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 19 52, to June 8, 19 53, that I last saw the deceased alive on [illegible] and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 6-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-11-53

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6-11-53

REGISTRAR'S SIGNATURE: G. B. Hedrick M.D.

24. FUNERAL DIRECTOR ADDRESS: J. G. Connelly Funeral Home, 418 Eastern Avenue, Essex, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05887

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 11 Taylor Street

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) (Last) STEPNEY
4. DATE OF DEATH: (Month) June (Day) 26 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2-15-95
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Trucking
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Annapolis, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Lewis Stepney
14. MOTHER'S MAIDEN NAME: Carrie Porter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

023X

Immediate cause (a) LUETIC AORTITIS DUE TO — UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1953, to June 26, 19 53, and that death occurred at 6:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 6-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 30 1953 NAME OF CEMETERY OR CREMATORY Broad Neck Cemetery LOCATION (City, town, or county) (State) St. Margaret, Maryland

DATE REC'D BY LOCAL REGISTRAR June 29 1953 REGISTRAR'S SIGNATURE Dr. Dawson L'Hommedieu 24. FUNERAL DIRECTOR J. B. Johnson Funeral Home ADDRESS Annapolis, Md.

mnt.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]588

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgewood Nr.Arbutus
LENGTH OF STAY (in this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1012 St.Charles Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgewood Near Arbutus
STREET ADDRESS (If rural give location) 1012 St.Charles Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Oliver (Last) Storm

4. DATE OF DEATH: (Month) June (Day) 13, (Year) 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: June 20,1873

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Storm

14. MOTHER'S MAIDEN NAME: Mary Becker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-01-2228

17. INFORMANT & ADDRESS: Raymond L.Storm 1012 St.Charles Ave.,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Myocardial Degeneration

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardiovascular Disease

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 5, 1952, to June 13, 1953, that I last saw the deceased alive on 6/11, 1953, and that death occurred at 7:30 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edmund Laughlin M.D. 4508 Edmondson Village Balto.-29, Md. 6/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-16-1953 — NAME OF CEMETERY OR CREMATORY Western — LOCATION (City, town, or county) Baltimore, — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/15/53 — REGISTRAR'S SIGNATURE H.W. Hallock

24. FUNERAL DIRECTOR ADDRESS G.Howard Strong 3207 W.North Ave.,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05889

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch cliff near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sister (Middle) Mary Bohumila (Last) Svojse

4. DATE OF DEATH (Month) JUNE (Day) 29, (Year) 1953

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH May 14, 1880 | 9. AGE last birthday 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) needlework | 10b. KIND OF BUSINESS OR INDUSTRY RELIGIOUS | 11. BIRTHPLACE (State or foreign country) Bohemia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Svojse | 14. MOTHER'S MAIDEN NAME Barbara Sedlaceks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Sr. Mary Clara Notch cliff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intestinal carcinoma — 5 yrs

1953 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ~~Patent T B~~ — 30 +

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Patent T B — 30 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1952, to June 29, 1953, that I last saw the deceased alive on June 23, 1953, and that death occurred at 2.50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles F. Donnell M.D. 7501 York Rd. 6/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 7-1-53. | NAME OF CEMETERY OR CREMATORY Villa Maria Cem. | LOCATION (City, town, or county) (State) Notch cliff or Towson Md

DATE REC'D BY LOCAL REG. 6/30/53 | REGISTRAR'S SIGNATURE [illegible] Deputy | 24. FUNERAL DIRECTOR Charles L. Zeiler | ADDRESS 901 S. CONKLING ST. BALTO., 24, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HALETHORPE
LENGTH OF STAY (In this place): 15 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5637 ASHBOURNE RD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HALETHORPE
STREET ADDRESS (If rural, give location): 5637 ASHBOURNE RD

3. NAME OF DECEASED (Type or Print): (First) BARBARA (Middle) TAYLOR. (Last)

4. DATE OF DEATH: (Month) JUNE (Day) 25 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 4, 1866

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JACOB DIESENROTH

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: LILLIAN M. TILLMAN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 X Immediate cause (a) Cerebral accident, Stroke — 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — ?

(c) Hypertensive cardiovascular disease ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1953 to June 25, 1953, that I last saw the deceased alive on June 25, 1953, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

C Bradley Laughlin MD | 1264 Francis Ave Baltimore 27 Md | 6-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: JUNE 29 1953 | NAME OF CEMETERY OR CREMATORY: LOUDON PARK. | LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND.

DATE REC'D BY LOCAL REG.: June 29, 1953 | REGISTRAR'S SIGNATURE: A.W. Hedrich dmr. | M. FUNERAL DIRECTOR: Joseph T. Cowhig Jr. | ADDRESS: Sulphur Spg. Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 91

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 864 N. Howard St

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Swope (Last) Taylor

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: UnKnown.

9. AGE Last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if ret: Dealer in Antiques

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~UnKnown~~ JOSEPH TAYLOR

14. MOTHER'S MAIDEN NAME: ~~UnKnown~~ Henrietta M. Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ~~UnKnown~~ (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: UnKnown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Urinary tract infection - organism not Known. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: indefinite

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis due to gen. arteriosclerosis indeterminate

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1953 to June 20, 1953, that I last saw the deceased alive on June 20, 1953, and that death occurred at 5:53 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick L. Phillips, MD ADDRESS Spring Grove State Hosp DATE SIGNED 6/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF 6/23/53 NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 6/23/53 REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS HENRY SANDER & SONS, INC. BALTO., 13, MD. Geo. F. Sander

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 42 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AF 7

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1721 Pressman Street

3. NAME OF DECEASED: (Type or Print) (First) LUTHER (Middle) E. (Last) THOMPSON

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/11/86

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Repairman

10b. KIND OF BUSINESS OR INDUSTRY: Household

11. BIRTHPLACE (State or foreign country): Churchton, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilson Thompson

14. MOTHER'S MAIDEN NAME: Jane Coats

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X

Immediate cause (a) POST-OPERATIVE BLEEDING; TRANSURETHRAL RESECTION

DUE TO OF PROSTATE FOR BENIGN ENLARGEMENT

Interval Between Onset And Death: 11 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-27-53, 5-29-53

19b. MAJOR FINDINGS OF OPERATION: Transurethral resection of prostate
Suprapubic cystoscopy and packing

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1953, to June 7, 1953, that I last saw deceased alive on [illegible] and that death occurred at 8:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 6-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-11-53

NAME OF CEMETERY OR CREMATORY: Arbutus Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/9/53

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Hemsley Funeral Home

ADDRESS: 578 W. Biddle Street, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]93

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
MARYLAND LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1319 W. Fayette Street

3. NAME OF DECEASED (Type or Print): (First) ALLEN (Middle) E. (Last) TINDER

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-16-85

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Furniture, rags

11. BIRTHPLACE (State or foreign country): Roseville, Ill.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

32 2.X

Immediate cause (a) THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) GENERALIZED ARTERIOSCLEROSIS — UNKNOWN

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1953, to June 29, 1953, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 6-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/2/53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/30/53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Witske Funeral Home — ADDRESS: Baltimore, Maryland 4101 Edmondson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 594

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 135 Newberg Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 135 Newberg Ave.

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) O. (Last) Townshend
4. DATE OF DEATH: (Month) June (Day) 21/53 (Year) 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Feb. 8, 1863	90 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11 BIRTHPLACE (State or foreign country).	12. CITIZEN OF WHAT COUNTRY?
H.W.	Own Home	Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Patrick Hamill	Isabell Kight

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
			Mr. Townshend, (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443X
Immediate cause (a) Arteriosclerotic Hypertensive Cardiovascular Disease — 10 yrs.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ... ,19 48, to June 21, 19 53, that I last saw the deceased alive on June 20, 19 53, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE John Taylor J. (Degree or title) M. D. ADDRESS 1118 St. Paul St. Baltimore 2, Md. DATE SIGNED 6-22-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	June 23/53		Oakland, Garrett Co. Md.

DATE REC'D BY LOCAL REGISTRAR 6-23-53 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Harry H. Kirkpatrick, 4101 Edmondson Ave

VS. A1

95

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grave Hosp. Wade Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson, 4, Maryland
STREET ADDRESS (If rural, give location) Rt. #6, Box 77

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (Last) Traband

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 19 53

5. Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 2, 1862

9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): United States

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry Traband

14. MOTHER'S MAIDEN NAME: Margaret Traband

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Herbert Sims-Cow Pen's Ave., Towson, M

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4221

Immediate cause (a) Cerebral accident

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic Cardiovascular

(c) Senility disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jas. McKinney M.D. 1010 Fredrick Ave June 11, 53

DISPOSITION (Specify): Burial | DATE THEREOF: 6/14/53 | NAME OF CEMETERY OR CREMATORY: Providence Meth Cem. | LOCATION (City, town, or county): PROVIDENCE | (State): MD.

DATE REC'D BY LOCAL REG.: June 13 1953 | REGISTRAR'S SIGNATURE: V. E. Harry | 24. FUNERAL DIRECTOR: Lassahn Funeral Home | ADDRESS: 7401 Belair Rd. Balto 6, MD.

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MAY 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]96

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
MARYLAND
LENGTH OF STAY (in this place) 11yrs 1month 9days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ollie (Middle) (Last) Triplett

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 2, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired): Farm Work - Helper

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ephraim J. Triplett

14. MOTHER'S MAIDEN NAME: Elizabeth Hale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 5 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Myocardial degeneration and hypertrophy — years

DUE TO

(c) Generalized arteriosclerosis — years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1.1, 1952, to June 24, 1953, that I last saw the deceased alive on June 24, 1953, and that death occurred at 5:25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John P. Risley MD Spring Grove State Hospital Catonsville June 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-27-53 — NAME OF CEMETERY OR CREMATORY Wade Chapel — LOCATION (City, town, or county) (State) Baltimore Co. Md.

DATE REC'D BY LOCAL REGISTRAR 6/25/53 — REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR Wm. Knight — ADDRESS Catonsville, Md.

Wm. A. Knight

VS. A15

RECEIVED
JUN 29 1953

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

,97

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix — MARYLAND — LENGTH OF STAY (In this place) life — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lymon (Middle) Wilson (Last) Turnbaugh

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: June 17 1876

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Turnbaugh

14. MOTHER'S MAIDEN NAME: Cecelia Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Mary Turnbaugh, Phoenix, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X Immediate cause (a) Cardio-Vascular-renal disease — Interval Between Onset and Death:

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ---

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1951, to June 12, 1953, that I last saw the deceased alive on June 12, 1953, and that death occurred at 5 9 m., from the causes and on the date stated above.

SIGNATURE: E. M. Frana (Degree or title) M.D. ADDRESS: Parkton, Md. DATE SIGNED: 6/15/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6-15-53 | NAME OF CEMETERY OR CREMATORY: Glenmalura | LOCATION (City, town, or county) (State): Monkton, Md.

DATE REC'D BY LOCAL REG.: June 15, 53 | REGISTRAR'S SIGNATURE: M. Elizabeth Tolnel | 24. FUNERAL DIRECTOR: J. Scott Brooks | ADDRESS: Sparks, Md.

VS. 11

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JUN 13 · ·
BUREAU V. S.

Items 4&21 Film G155 7-10-53 ams

398

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Pike Woods near Westminster, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) UNKNOWN (Middle) INFANT (Last)

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1953

5. SEX: ?

6. COLOR OR RACE: ?

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE (last birthday) yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours ? Min. 5 min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Abandonment of newborn

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Woods - garbage can (CITY OR TOWN) Reisterstown Pike, Md. (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) found June 10, 1953 2:05 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Abondonment of newborn

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE B.B. Fisher (Degree or title) Chief Medical Examiner ADDRESS 700 Fleet St.-Balto. 2, Md. DATE SIGNED 6/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremated; DATE THEREOF 6/11/53; NAME OF CEMETERY OR CREMATORY Balto. City Morgue; LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 8, 1953; REGISTRAR'S SIGNATURE A. W. Hedrick; 24. FUNERAL DIRECTOR B.B. Fisher; ADDRESS

mnb.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 99

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nicodemus Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Nicodemus Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ALICE	WARNER	June	16	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female.	White	Married	June 10, 1875	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Balto	U.S.A.

13. FATHER'S NAME Jacob Keppler
14. MOTHER'S MAIDEN NAME Annie Marsach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no. no.	None.	Chas. Henry Warner (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
976.0 Immediate cause	(a) Bullet Wound Rt. Temple	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mental Depression	6 mo.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	arteriosclerosis	3 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Reisterstown,	Balto.	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
June 16 '53 1:20 p.m.		Shot her self

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. L. Eagles	Deputy Med. Exam. M.D.	Reisterstown, Md.	June 16 '53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/19/53	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/17/53	D. W. Hedrick	Wm. J. Tickner & Sons	Balto. 17, Md.

Dmse

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C 900

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 Shadynook Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY B[illegible]o.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 103 Shadynook Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Alberta L. Rasmus

4. DATE OF DEATH: (Month) (Day) (Year) June 7/53 19

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 12, 1875

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ----------ostin

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Harold G. Williams, 103 Shady Nook Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332.X

Immediate cause (a) Cerebral thrombosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, generalized — DUE TO

(c)

Interval Between Onset And Death: (a) 1 year. (b) 15 months.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18, 1952, to June 7, 1953, that I last saw the deceased alive on June 6, 1953, and that death occurred at 5:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gilbert E. Rudman, M.D.
ADDRESS 2617 W. Balto. St.
DATE SIGNED 6/8/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 10/53
NAME OF CEMETERY OR CREMATORY Lorraine Pk.
LOCATION (City, town, or county) (State) Woodlawn, Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 6/9/53
REGISTRAR'S SIGNATURE A W Bedrick
24. FUNERAL DIRECTOR Henry H. Kitzke
ADDRESS 4101 Edmondson Ave.

VS. A-151

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 901

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner's Station; LENGTH OF STAY (in this place) 4 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner's Station; STREET ADDRESS (If rural, give location) 721 North Wendale Rd

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Dam (Last) Watkins

4. DATE OF DEATH: (Month) June (Day) 17th (Year) 1953

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: April 27th 1877

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Sam Waller

14. MOTHER'S MAIDEN NAME: Rosetta Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unk

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mattie Mayes, Reidsville N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334

Immediate cause (a) Cerebral apoplexy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4 53, to June 17th 1953, that I last saw the deceased alive on June 17th 1953 and that death occurred at 3:50 A m., from the causes and on the date stated above.

SIGNATURE: A. H. Thomas (Degree or title) M.D. ADDRESS 107 N. Main St Walter ville DATE SIGNED 6/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-21-53

NAME OF CEMETERY OR CREMATORY: Fairview Baptist

LOCATION (City, town, or county) (State): Gretna, Va.

DATE REC'D BY LOCAL REG.: 6/17/53

REGISTRAR'S SIGNATURE: D W Hedrick

24. FUNERAL DIRECTOR: Tuck & Law

ADDRESS: 802 Madison Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7902

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Owings Mills
LENGTH OF STAY (in this place): 3 mos. 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood St. Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pasadena P.O.
STREET ADDRESS (If rural give location): Lakeshore- Box 428

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Kenneth (Last) Watson

4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 9-3-47

9. AGE last birthday: 5 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): patient

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Paul Strickler Watson

14. MOTHER'S MAIDEN NAME: Emelie Cornelia Bull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Institution records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491x

Immediate cause (a) Broncho pneumonia — Interval Between Onset And Death: 24 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Mongolism — birth

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4 ,1953, to 6-24 ,1953, that I last saw the deceased alive on 6-24 ,1953, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

SIGNATURE: Viola B. Johns — (Degree or title) M.D. — ADDRESS: Rosewood State Training School — DATE SIGNED: 6-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 25, 1953 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR: 6-25-53 — REGISTRAR'S SIGNATURE: Harry B. Eline

24. FUNERAL DIRECTOR: J.F. Eline & Sons, Reisterstown, Md. — ADDRESS

RECEIVED
JUN 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

05903

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4; MARYLAND LENGTH OF STAY (In this place) 4 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4; STREET ADDRESS (If rural, give location) Old Harford Road

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Elizabeth (Last) Whistler

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept 22/1859

9. AGE last birthday: 93 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank Carter

14. MOTHER'S MAIDEN NAME: Eva Stultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT: Mrs Walter K Kuen Towson 4 Rout 6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
4442 Immediate cause	(a) Cardio-renal-vascular disease, chronic	8 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile Changes with hypertension	8 yrs
	(c) Arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1945, to June 17, 1953, that I last saw the deceased alive on June 17, 1953, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Rollin C. Hudson MD. ADDRESS: Towson Md DATE SIGNED: 6/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: June 20/53 NAME OF CEMETERY OR CREMATORY: Mt Zion LOCATION (City, town, or county) (State): Fountain Green Harford Md

DATE REC'D BY LOCAL REG.: 6/23/53 REGISTRAR'S SIGNATURE: Dr. A. M. Bacon

24. FUNERAL DIRECTOR: Joseph T Inston ADDRESS: Belair Md

VS. A15

RECEIVED
JUN 23 1953
BUREAU V. S.

Items 21&22 Film G155 6-26-53 ams

3104

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — 00-01
STREET ADDRESS (If rural, give location): 423 S. Bond Street

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) E. (Last) WICZULIS

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 5-24-04

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rigger

10b. KIND OF BUSINESS OR INDUSTRY: Shipyard

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Wiczulis

14. MOTHER'S MAIDEN NAME: Fellicia (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) FRACTURE, RIGHT OCCIPITAL AREA SKULL; CONTUSION-LACERATION OF INFERIOR SURFACES OF FRONTAL LOBES;	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) BILATERAL SUBDURAL HEMATOMA	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-1-53

19b. MAJOR FINDINGS OF OPERATION: Cerebral decompression - Tracheostomy

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Baltimore (COUNTY) City (STATE)

TIME OF INJURY: (Month) June (Day) 16 (Year) 1953 (Hour) 11:12 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Luncheon - Standing under

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. M. Carmine M.D. (Degree or Title) Deputy Medical Examiner ADDRESS: Baltimore DATE SIGNED: 6/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 20, 1953

NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6/19/53

REGISTRAR'S SIGNATURE: [redacted]

24. FUNERAL DIRECTOR: Howard Blight Funeral Home

ADDRESS: 6009 Harford Road, Baltimore 14, Maryland

Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)53

CERTIFICATE OF DEATH

Reg. Dist. No. 44 ... 315

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling of the name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1822 N. Mount Street

3. NAME OF DECEASED: (First) SAMUEL (Middle) (Last) WILLIAMS
4. DATE OF DEATH: (Month) June (Day) 18 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-14-92
9. AGE Last birthday: 60 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Gas. & Electric Co.
11. BIRTHPLACE (State or foreign country): Northumberland Co., Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Edward Williams
14. MOTHER'S MAIDEN NAME: Virginia Daniel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ✓ Yes (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 212-05-4473
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE WITH	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO DECOMPENSATION	
	(b) GENERALIZED ARTERIOSCLEROSIS	UNKNOWN
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ... 19b. MAJOR FINDINGS OF OPERATION ... 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ... PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ... (CITY OR TOWN) ... (COUNTY) ... (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ... INJURY OCCURED While at Work ☐ Not While At Work ☐ ... HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1953, to June 18, 1953, and that death occurred at 3:55 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 6-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/22/53
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/19/53
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS
Thomas E. Kelson Funeral Home
1303 Presstman Street, Baltimore, Maryland

Dup. Thos. E. Kelson

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A45

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Shane; HOSPITAL OR INSTITUTION OR STREET ADDRESS White Hall RD 2; MARYLAND LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Shane; STREET ADDRESS (If rural give location) White Hall RD 2

3. NAME OF DECEASED: (First) Calvin (Middle) C. (Last) Wilson

4. DATE OF DEATH: (Month) June (Day) 17, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Dec. 24, 1892

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Co. Hiway Dept.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eli Wilson

14. MOTHER'S MAIDEN NAME: Hester M. Ba ker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Marion E. Wilson, Stewartstown, Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO: Coronary Occlusion (Thrombosis) — Interval Between Onset And Death: 10 min.

Antecedent causes (s) Diseases or condition, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Arterio-Sclerosis. — 10 yrs.

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to April 10, 1953, that I last saw the deceased alive on April 10, 1953, and that death occurred at 10:?? P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Fuller MD — ADDRESS Stewartstown — DATE SIGNED 6-17-53

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) DATE THEREOF June 20, 1953 — NAME OF CEMETERY OR CREMATORY West Liberty — LOCATION (City, town, or county) (State) West Liberty, Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR 6/17/53 — REGISTRAR'S SIGNATURE Chester L. Fuller — 24. FUNERAL DIRECTOR Kenneth W. Osborn — ADDRESS Stewartstown, R.

RECEIVED
JUN 29 1953
BUREAU OF S

(3)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(59107)

Reg. Dist. No. 00

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baldo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Nursing Home Smithwick Catonsville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 00-01
STREET ADDRESS (If rural give location) 3018 W. Mosher St

3. NAME OF DECEASED: (First) Mary (Middle) A. (Last) Wolfe
4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	W.	[redacted]	June 17, 1879	74 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Frederick Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Barthalow
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Edw. F. Wolfe, Husband 3018 Mosher St.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
23/X Immediate cause	(a) Cerebral Vascular Accident	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hemiplegia left	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1953, to 25 June, 1953, that I last saw the deceased alive on 25 June, 1953, and that death occurred at 2:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H. M. Matt M.D.	1707 Edmondson Ave Catonsville 28 Md	25 June 53

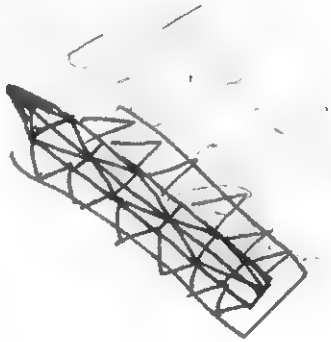
23. BURIAL, CREMATION, REMOVAL* (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/29/53	Mt. Olivet	Frederick. Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/26/53	A. L. Kephart	Harry H. Smith Sr.	4101 Edmondson Ave

VS. A15

3

V95.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4r

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2934 Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 2934 Baltimore Ave

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Wm. (Last) Wunder
4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 6 '85
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coop.
10b. KIND OF BUSINESS OR INDUSTRY: Distillery
11. BIRTHPLACE (State or foreign country): Pa - Lancaster
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Wunder
14. MOTHER'S MAIDEN NAME: Mary Reisinger Rothesinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 112-03-2055 A
17. INFORMANT: Ruth Haberkorn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Vascular Disease — 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 2-3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma — 2-3 yr.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/19, 19 5[illegible], to 6/19, 1953, that I last saw the deceased alive on 6/19, 1953, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE: Chas. L. Ball Jr. (Degree or title) — ADDRESS: Linthicum — DATE SIGNED: 6/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 23/53 — NAME OF CEMETERY OR CREMATORY: Woodlawn Park — LOCATION (City, town, or county) (State): Dorsey - Howard

DATE REC'D BY LOCAL REG.: June 23 53 — REGISTRAR'S SIGNATURE: Hor. Kieffer — 24. FUNERAL DIRECTOR — ADDRESS: H. B. Wagner & Son, 1300 Eastern Blvd

RECEIVED
JUN 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05309

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9028 Belair Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS 9028 Belair Rd (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Livinia	L	Zink	June	14	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	Dec 14-1902	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home	Own Home	Balto Co. Md	U S A

13. FATHER'S NAME: Joseph Schafer

14. MOTHER'S MAIDEN NAME: Anna Raab

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mr Charles E Zink 9028 Belair Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
156.1 Immediate cause	(a) Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Liver	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to June 14, 1953, that I last saw the deceased alive on June 14, 1953, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J M Manning Gardner	MD	Balto 6 Md	6/15/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/17/53	St Josephs Cem	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/15/53	[signature]	Lazarus Funeral Home	7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05910

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 2½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster 06-41
STREET ADDRESS (If rural, give location) 74 Bond Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Arthur (Last) Zook

4. DATE OF DEATH: (Month) 6 (Day) 10 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 3-5-53

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 3, Days 5; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: patient

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry Arthur Zook

14. MOTHER'S MAIDEN NAME: Molly Lau Hyder Zook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Institution Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491X

Immediate cause (a) Broncho-pneumonia — Interval between onset and death: 30 hrs.

~~DUE TO~~

Antecedent cause(s) (b) Mongolism — since birth

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

~~DUE TO~~ (c) Mental deficiency

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29-, 19 53, to 6-10-53 19, that I last saw the deceased alive on 6-10, 19 53, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

SIGNATURE Viola B. Johns — (DEGREE OR TITLE) M.D. — ADDRESS Rosewood, Owings Mills, Md. — DATE SIGNED 6-10-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF June 11, 1953 — NAME OF CEMETERY OR CREMATORY Westminster Cemetery — LOCATION (City, town, or county) (State) Carroll County, Md.

DATE REC'D BY LOCAL REG. 6-10-53 — REGISTRAR'S SIGNATURE Mary B. Zile

24. FUNERAL DIRECTOR H. Bankard & Son — ADDRESS Westminster, Md.

20331204 43

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JUN 12 1953
BUREAU V. S.